

Dignity for All Students Act Reporting Form

A student, parent/guardian or staff member may file a complaint of harassment, discrimination, intimidation, or bullying of a student pursuant to The Dignity Act regulations and school policy. This report includes the information necessary to conduct a thorough investigation of the alleged offense and take appropriate action. You may choose to report this information anonymously. All complaints will be treated in a confidential manner. Anonymous reports may limit the school's ability to respond to the report.

Date: _____

School (Circle one): High School Middle School Lower School

Name of Person Reporting Incident: _____

Role of person reporting (Check one):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Student Target | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> Student Witness | <input type="checkbox"/> Anonymous |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Other |

Phone Number: _____ **Email:** _____

Name of Target(s) *(student(s) being bullied or harassed):*

Name of alleged offender(s):

What was your involvement in the incident?

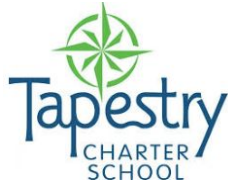
- | | | |
|--|--|---|
| <input type="checkbox"/> I was directly involved in the incident | <input type="checkbox"/> I observed the incident | <input type="checkbox"/> I heard about the incident |
|--|--|---|

Where did the incident take place? (Check all the apply):

- | | |
|--|---|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Bathroom |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> At a school function |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Electronic Communication |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Playground |
| <input type="checkbox"/> On a bus | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Off school property | _____ |
| <input type="checkbox"/> Hallway | _____ |

Type of Incident (Check all that apply):

- Physical contact** (kicking, hitting, pushing, punching, tripping, spitting)
- Verbal** (gossip, name-calling, put-downs, teasing, being mean, making threats)
- Psychological** (spreading rumors, intimidation, social exclusion)
- Cyberbullying** (misusing, technology/social media to harass, tease, threaten)
- Other (describe):** _____



Who was involved in the incident (*Check all that apply*):

- Student Other: _____
 Employee

Names of others who may have witnessed the incident:

**Describe the specific nature of the incident. What happened (be as specific as possible).
What did the alleged offender say or do? Include any copies of text messages or emails.**

If there were any adults in the area when this happened, what did they do?

Was the student absent from school as a result of the incident?

- Yes: Number of days _____ No

Type of bias (if known): (*Check all that apply*)

- Race Disability
 Religion National Origin
 Sex Sexual Orientation
 Color Ethnic Group
 Religious practice Gender
 Weight/Size Other (describe): _____

You can contact the school's leadership team, DASA Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

Please go to www.tapestryschool.org for more information.