Dignity for All Students
Reporting Form

Directions: This is a form to report alleged bullying or harassment, including cyberbullying. If you are a student target, the parent/guardian of a student target, a close adult relative of a student target, or a school staff member and wish to report an incident of alleged bullying or harassment, complete this form and return it to the Principal or a Dignity Act Coordinator at the student's school. Contact a Dignity Act Coordinator for additional information or assistance at any time.

The Dignity Act Team and Administrators will review and respond to each incident in the context of the Student Code of Conduct.

You may choose to report this information anonymously. Anonymous reports may limit the district's ability to respond to the complaint.

Today's Date: _____   School: _____

Person Reporting Incident: _____   Phone: _____

Email: _____

What is your relationship to the student? Place an X in the appropriate box:

☐ Student   ☐ Student (witness/bystander)   ☐ Parent/guardian   ☐ Staff Member

Name of Target: _____
(Please print)

Name(s) of alleged offender(s) (please print)	Grade	ERUFSD student (please circle)
		yes/no
		yes/no
		yes/no

Date(s) of Incident: 1. _____   2. _____   3. _____

Where did the incident happen (choose all that apply)

☐ On school property   ☐ At a school sponsored activity   ☐ On school bus   ☐ Off school property

Place an X next to the statement(s) that best describes what happened (choose all that apply):

☐ Physical (including, but not limited to, hitting, kicking, punching, spitting, pushing, taking personal belongings)

☐ Verbal (including, but not limited to, taunting, malicious teasing, name calling, making threats);

☐ Social/Emotional/Psychological (including, but not limited to, non-verbal actions, spreading rumors, manipulating social relationships, or engaging in social exclusion, extortion, or intimidation)

☐ Electronic communications (specify) _____

☐ Other _____

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Background: Please describe what happened before, during and after the incident. _____

_____

_____

_____

_____(attach a separate sheet if necessary)

Who else saw the incident occur? _____

_____

_____(attach a separate sheet if necessary)

What steps, if any, have been tried to resolve the issue? _____

_____

_____

_____

_____

Was the student target absent from school as a result of the incident? ☐ Yes ☐ No

    If yes, how many days the student target absent from school as a result of the incident? _____

Signature: _____ Date: _____

For school use only: Investigation

Received by: _____ Date Received: _____

Action Taken: _____

☐ Information Placed in School Tool

For school use only: Administration

Received by: _____ Date Received: _____

Action Taken: _____

_____

Name of Parent/Guardian contacted: _____ Date Contacted: _____

Name of Parent/Guardian contacted: _____ Date Contacted: _____

Name of Parent/Guardian contacted: _____ Date Contacted: _____

Name of Parent/Guardian contacted: _____ Date Contacted: _____

Does concern meet definition of harassment? ☐ Yes ☐ No

☐ Information Placed in School Tool