

DIGNITY FOR ALL STUDENTS REPORTING FORM

Name of Complainant _____

Date of Complaint _____

Name of person alleged of bullying or harassing _____

Date and school/location of incident _____

Description of incident _____

Type of Incident (*check all that apply*):

Bullying ___ Cyberbullying___ Discrimination___ Harassment___ Hazing___

Did the incident involve any bias related to the following? (*Check all that apply*)

Race___ Color___ National Origin___ Ethnic Group___ Religion___ Religious

Practice___ Disability___ Sexual Orientation___ Gender___ Sex___

Were any injuries reported? No ___ Yes ___

(Give Description): _____

Name(s) of witness(s) (if any) _____

Were parents notified? No ___ Yes ___

Notification done by: _____

Has an incident with the same person been reported before? _____

If yes, when? To whom? _____

What was the resolution? _____

Signature of Complainant: _____

Name/Signature of Person Receiving This Complaint _____

Forms should be submitted directly to your child's School DASA Coordinator. Complaints that are district-wide in nature, involve administration, or are not tied to a particular school should be made to the Office of Human Resources.