

Dignity for All Students Reporting Form

Harassment – The creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student’s educational performance, opportunities or benefits, or mental, emotional or physical well-being. It also includes conduct, verbal threats, intimidation or abuse that reasonably causes or would reasonable be expected to cause a student to fear for his or her safety.

Incident involved (check all that apply):

- Involving intimation or abuse but no verbal threat or physical contact
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threat
- Involving both verbal threat and physical contact
- Involving only student offenders

Incident description of discriminatory and/or harassing behaviors

Type of bias on the person’s actual or perceived (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color of skin | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Other |

Location of incident:

- On school property
- At a school sponsored event off school grounds

Date: _____ Time: _____

Specific location: _____

Was the incident ...

- A result of an investigation of a written or oral complaint; or
- Directly observed

Person(s) involved:

Complainant (please include name, phone number, and address):

Offender(s): _____

Victim(s): _____

Description of the incident (please include actions witnessed or taken by the complainant during the incident):

Please return this completed form to the main office

ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW THIS POINT

Was the offender a:

- Student
- Employee
- Both

What actions were taken in response to the reported incident (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Meeting with principal or designee | <input type="checkbox"/> Meeting with counselor | <input type="checkbox"/> Verbal correction |
| <input type="checkbox"/> Conflict resolution / peer mediation | <input type="checkbox"/> Parent/Guardian contact | <input type="checkbox"/> Lunch detention |
| <input type="checkbox"/> Increased supervision | <input type="checkbox"/> After school detention | <input type="checkbox"/> Suspension from class or activity |
| <input type="checkbox"/> ISS full day : partial day | <input type="checkbox"/> OSS full day : partial day | <input type="checkbox"/> Superintendent's hearing |
| <input type="checkbox"/> Law enforcement notified | <input type="checkbox"/> Other (use space below) | |

Signature of Administrator: _____ Date: _____