



Dignity for All Students Act Incident Report

Person completing this form: _____ Date: _____

Relationship to Complainant: Self/Student Staff Member Parent Other: _____

Contact information for the person making this complaint:

Address: _____

Phone: _____ E-Mail: _____

Name of Complainant/Target(s): _____

Name of Alleged Offender(s): _____

Date and Time of Incident(s): _____

What was your involvement in the incident? ___ was directly involved.
___ saw/observed the incident.

Location of Incident: _____

Type of Incident: ___ Physical Contact ___ Verbal Threats ___ Psychological ___ Cyberbullying
___ Other: _____

Who was involved in the incident? _____

Describe what happened – Be as specific as possible:

Witnesses: _____

What do you think should be done about this situation?

Retaliation or threats of retaliation against any person involved in an investigation of harassment or discrimination including those who initiate the complaint, participate in or conduct the investigation, or are involved or testify related to the complaint is a violation of the law. If you believe that you have been subjected to retaliation based on your cooperation with the investigation, please notify the Building Dignity Act Coordinators: Mrs. Elaine Dixon-Cross (MVC) Lee Kyler (LVC) or our school counselors - (518) 873-6371.