

**TECH VALLEY HIGH SCHOOL**  
**Dignity for All Students Reporting Form**

*This reporting form is to be used by Tech Valley High School staff members who witness actions of harassment, bullying, or discrimination of a student or have such acts reported to them. It may also be used by parents and students to report harassment, bullying or discrimination of a student.  
These reports are to be delivered to the Dignity Act Coordinator.*

**Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Person making this report:** \_\_\_\_\_ is a

Student     Parent/Guardian     Staff Member     Other \_\_\_\_\_



**Did you witness the incident?**

Yes

No If no, who reported the incident to you? \_\_\_\_\_

Student     Parent/Guardian     Staff Member     Other \_\_\_\_\_

**Date the incident occurred:** \_\_\_\_\_ **Time the incident occurred:** \_\_\_\_\_

**Where did the incident occur?**

**On school Property**

Describe location: \_\_\_\_\_

**Off School Property**

Describe location: \_\_\_\_\_

\_\_\_\_\_

**On School Bus** \_\_\_\_\_

**Cyberspace**

Describe location (For example Facebook, e-mail, Twitter, etc...- if available, attach screenshot): \_\_\_\_\_

\_\_\_\_\_

**Please list those involved in the incident and witnesses (if any) to the incident:**

• **Alleged Offender(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Alleged Victim(s) or Target(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **Witness(es):**

\_\_\_\_\_  
\_\_\_\_\_

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**DESCRIPTION OF INCIDENT** *(Please be as specific as possible. Use back of form or additional pages if needed)*

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**Please check the following behaviors that occurred in the incident:**

- Intimidation and/or Abuse** (actions/statements that put individual in fear of harm or could impact individual's mental, emotional or physical well-being)

Describe: \_\_\_\_\_

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- Verbal Threats** (gossip, name-calling, put-downs, taunting, threats)

Describe: \_\_\_\_\_

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- Physical Contact** (hitting, kicking, pushing, taking belongings)

Describe: \_\_\_\_\_

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- Cyberbullying** (intimidation, abuse, threats made using social media, computers, or any time of electronic means, whether initiated at school or outside of school)

Describe: \_\_\_\_\_

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**What happened directly before the incident occurred?** \_\_\_\_\_

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**What happened directly after the incident occurred?** \_\_\_\_\_

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**To your knowledge is there a history of incidents between those involved?** Yes No

If yes, what is that history? \_\_\_\_\_

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**Did any school employee respond to the incident?**

- No
- Yes

If yes, please identify the school employee and describe the response/actions taken:

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**Types of bias involved (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Race               | <input type="checkbox"/> Ethnic Group       |
| <input type="checkbox"/> National Origin    | <input type="checkbox"/> Color              |
| <input type="checkbox"/> Religion           | <input type="checkbox"/> Religious Practice |
| <input type="checkbox"/> Disability         | <input type="checkbox"/> Gender             |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex                |
| <input type="checkbox"/> Weight             |   |
| <input type="checkbox"/> Other _____        |   |

**Please describe why you believe the incident was based upon the above factors of actual or perceived race, ethnic group, national origin, color, religion, religious practice, disability, gender, sexual orientation, sex, weight or other (if known):** \_\_\_\_\_

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**Before making this written report, did you verbally or otherwise notify the principal and/or Dignity Act Coordinator of this incident?**

- Yes    If yes, when and how did you notify them?  
\_\_\_\_\_
- No

**To your knowledge has any other individual notified the principal and or the Dignity Act Coordinator of this incident?**

- Yes    If yes, who \_\_\_\_\_
- No

**If there is any other information you feel relevant please provided it here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**For Dignity Act Coordinator:**

Date Report Received: \_\_\_\_\_

Actions Taken: (retain relevant correspondence and copies of documents, where appropriate)

- Reviewed DASA report
- Reviewed Incident Report (if one was filed)
- Interviews
- Contact Parents/Guardians
- Disciplinary Action and/or other appropriate action
- Contact Others:
  - Home School District
  - Assistant Superintendent
  - Social Worker
  - School Nurse
  - Director of Health and Safety
  - Other: