

Incident Reporting Form (For District/School Files Only)

I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident) **School District: District 9 School: Mott Hall Charter School** Dignity Act Coordinator: Jennifer Melendez Position: Assistant Principal Today's date: Name of person reporting incident: Role of person reporting incident (Check one) □ Student Target □ Student (witness) □ Parent/Guardian □ Staff Member □ Other Phone: _____ Email: ____ Name of target: (student being bullied, harassed, or discriminated against) Name(s) of alleged offender(s): Date(s) and time(s) of incident: What was your involvement in the incident? □ I was directly involved in □ I observed the incident □ I heard about the incident the incident



Where did the incident happen'	? (Check all that apply)	
□ On school property	□ Off school property	□ Bathroom
□ Cafeteria	□ Hallway	\Box At a school function
□ On a school bus	□ Locker Room	□ Other (describe):
□ Classroom	□ Electronic	
□ Gym	Communication	
Type of incident (Check all that	apply)	
□ Physical contact (kicking,	□ Psychological (non-verbal	□ Cyberbullying (misusing
punching, spitting, tripping,	actions, spreading rumors,	technology/social media to
pushing, taking belongings)	social exclusion,	harass, tease, threaten, post
□ Verbal threats (gossip,	intimidation)	pictures (sexting))
name-calling, put-downs,	□ Abuse (actions or	□ Other (describe):
teasing, being mean,	statements that put an	
taunting, making threats)	individual in fear of bodily	
	harm)	
Who was involved in the incide	nt? □ Student □ Employee □ Both st	cudent and employee
Describe the specific nature of t	he incident. What happened? (Be a	s specific as possible). What did
the alleged offender say or do?	Include any copies of text messages	emails, etc. if possible.

(Add extra pages if needed)



If there were any adults in the area when this happened, what did they do?		
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Types of bias involved (if k	nown): (Check all that apply)	
□ Race	□ Weight/size	□ Gender
□ Religion	□ Disability	□ Other
□ Sex	□ National origin	(describe)
□ Color	□ Sexual orientation	
□ Religious practice	□ Ethnic group	
Names of others who may	have witnessed the incident:	
Was the student absent fro was absent:	m school as a result of the incident	? □ No □ Yes Number of days stude
Does the situation continuous situation?	e to occur? Yes No What do you	ı think should be done about the



You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.