

' 6WXGHQW ' (PSOR\HFWK VWXGHQW DQG HPSOR\HH
'HVFULEH WKH VSHFL¿F QDWXUH RI WKH LQFLGHQW :KDW KDSSHQHG
alleged offender say or do? Include any copies of text messages, emails, etc. if possible.

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

Names of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

What do you think should be done about the situation?

Please return the completed form to Dignity Act Coordinator or School Principal.

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.

Remediation: (Check all that apply)

- ‘ (GXFDWLRQ
 - ‘ &RXQVHOLQJ
 - ‘ 'LVFLSOLQDU\ &RGH RI &RQGXFWBDSOLFDWLRQBBBBBBBBBBBBBBBBBBBB
 - ‘ 5HVWRUDWLYH -XVWLFH RU RWKHU SURJUDP
(describe) BB
 - ‘ /DZ (QIRUFHPHQW
 - ‘ 2WKH (describe) BB
- :KR QHHGV WR EH LQIRUPHG DERXW WKH SQRQHQ (Check all that apply) FW FRQ¿GHQW
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