**Dignity for All Students Act (Dignity Act) Complaint/Reporting Form**

*Indicates Reporting Requirement for the Dignity Act for All Students Act*

Completed form should be sent to the building principal. If this is a founded DASA incident, an administrator, counselor or psychologist will review this report and you will be contacted within three school days of submission. If any further incidents occur, you will need to fill out a separate incident report form.

<table>
<thead>
<tr>
<th>Complainant Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Complainant Contact Information**

Home and/or Cell Phone:

Address:

Email:

School:

<table>
<thead>
<tr>
<th>Target Victim/s Name:</th>
<th>Sex</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offender/s Name:</td>
<td>Sex</td>
<td>Grade/Position</td>
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</tbody>
</table>

*Was Offender a Student, Employee or Both? (circle all that apply)*

Witness/es Name and Contact Information:

Dignity Act Coordinator and Contact Information:

*Incident Description of Discriminatory and/or Harassing Behaviors*

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

- Race
- Color
- Weight
- National Origin

- Ethnic Group
- Religion
- Religious Practices
- Disability

- Sexual Orientation
- Gender
- Sex
- Not Sure

Other, please describe:

**Description of the Incident and where incident occurred:**

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>