

Sherman Central School District

Dignity for All Students Act

Report Form

PERSON REPORTING INCIDENT (Please print)

Name:	Phone Number:
Relationship to Alleged Victim:	Did you witness the incident?
Today's Date:	Time(s) of Incident:
Date(s) of Incident:	Material Incidents: Yes No (circle)

Name of Alleged Victim: _____ **Grade/Age:** ____/____

School: _____ **Out of District School:** _____

Name(s) of Alleged Offender(s): _____ **Grade/Age:** ____/____

_____ **Grade/Age:** ____/____

_____ **Grade/Age:** ____/____

_____ **Grade/Age:** ____/____

Name(s) of Witness(es): _____ **Grade/Age:** ____/____

_____ **Grade/Age:** ____/____

_____ **Grade/Age:** ____/____

_____ **Grade/Age:** ____/____

Basis of Complaint:

- Race Color Weight National Origin Ethnic Group Religion
- Religious Practice Disability Gender Sex Sexual Orientation
- Other (Please briefly explain) _____

Where did the incident happen? Choose all that apply:

- Classroom Playground/Recess Cafeteria Bus Library Locker Room
- Lavatory Hallway/Stairwell On the Way To/From School Electronically/Cyberspace
- On School Property Off School Property School Sponsored Function

What did the alleged offender(s) say or do: Explain in the space provided.

Did a physical injury result from this incident?

No Yes (no medical attention needed) Yes (medical attention needed)

Evaluation Done by School Nurse Other Medical Intervention

Specify: _____

Is there any additional information you would like to provide?

Signature: _____ Date: _____

(This report may be done anonymously, but doing so may limit the follow-up that can occur.)

Administrator / School Counselor/Teacher:

<input type="checkbox"/> Meet with Principal/Asst. Principal	<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Parent/Guardian Contacted
<input type="checkbox"/> Increased Supervision	<input type="checkbox"/> Meet with Counselor/School Psychologist	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Awareness/Sensitivity Session	<input type="checkbox"/> Referral for Counseling Services	<input type="checkbox"/> Community Service (Parental Permission)
<input type="checkbox"/> Prevention, Intervention Program or Strategy, Explain:		
<input type="checkbox"/> Referral for Counseling/Treatment Program	<input type="checkbox"/> Detention	<input type="checkbox"/> Late Detention
<input type="checkbox"/> ISS	<input type="checkbox"/> OSS	<input type="checkbox"/> OSS/Superintendent Hearing
<input type="checkbox"/> DASA Student Training	<input type="checkbox"/> Behavior Contract	<input type="checkbox"/> Suspension from Activities
<input type="checkbox"/> Transfer to Alternative Education	<input type="checkbox"/> Law Enforcement Notified	<input type="checkbox"/> Referral to Community-Based Organization
<input type="checkbox"/> Other Supports Offered or Other Disciplinary Actions Taken:		