Discovery Charter School Harassment, Intimidation, and Bullying Incident Report Form

Today's Date: _____

Person Reporting Incident: _____Student _____Parent/Guardian _____Staff _____Other

Name: _____ Phone#:_____

Email:_____

Date and Time of the Incident:

_____

Location of the Incident:

_____

People you have already spoken to about the incident:

_____ Teacher _____Social Worker _____School Leader _____ Other _____No one

Name(s):_____

When and what was the outcome of this contact?

_____

_____

Name of Student(s) Targeted	Grade

Name of Alleged Offender(s)	Grade

Describe what happened. Use specific details regarding what the alleged offender said or did.

Submit this form to the DCS DASA Coordinator.

(For building use only) Date:_____

Incident Reviewed By:

Name: _____ **Title**: _____

Findings: _____ Confirmed _____Unconfirmed (attach fact-finding notes)

Check all the characteristics of the incident that apply:

_____Race _____ Color _____National origin _____Ethnic group _____Disability

_____Religion _____Religious Practice _____Weight or other physical characteristic

_____Gender/identity expression _____ Sexual orientation _____Sex

_____Other

Action Taken:

_____

_____

_____

_____

_____

_____