

**Dignity for All Students Act  
Harassment/Bully Incident Report Form**

**Date/Time/Location:** \_\_\_\_\_

**Student(s) Initiating Bullying/Harassment:** \_\_\_\_\_

**Grade/Teacher:** \_\_\_\_\_

**Student(s) Affected:** \_\_\_\_\_

**Grade/Teacher:** \_\_\_\_\_

**Reported incident:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bystanders present:** \_\_\_\_\_

**Actions taken:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Contacted:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

**Administrative Action:** \_\_\_\_\_

**Administrative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DASA Code(s): \_\_\_\_\_

Enter into School Tools if DASA Code is warranted.

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