

Cato-Meridian Dignity for All Students Act (DASA)
Responding to Incidents
Bullying, Harassment and Discrimination
Bullying Report Form

School: _____

Date: _____

Your Name/Grade/Age: _____

Anonymous Report (Check here) _____

Your Role (Please Circle):

Student Being Bullied Student Witness Parent/Guardian Staff Member Other

If you are a Parent or Individual who does not work at the school please provide:

Phone: _____ Email: _____

Name of Student Being Bullied: _____

Name of Student that is Bullying: _____

Date and time of Incident: _____

What was your involvement in the incident ? (Circle your answer)

I was directly involved in the incident I observed the incident I heard about the incident

Where did the incident happen? (Circle all that apply)

On school property	Cafeteria	School Bus	Hallway	Bathroom
Classroom	Gym	Off School Property	Locker Room	At a school function
Electronic Communication (texting, facebook, ect...)		Other (describe):		

Type of Incident (Check all that apply)

<input type="checkbox"/>	Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal Threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, post picture (sexting))
<input type="checkbox"/>	Other:

Who was involved in the incident? Student _____ Employee _____ Other _____

Describe the specific nature of the incident. What happened? (Be as specific as possible)
What did the alleged offender say or do? Include any copies of text messages, emails, ect.

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

Types of Bias Involved (if known): (circle those that apply)

Race	Color	Weight/Size	National Origin	Ethnic Group
Religion	Religious Practice	Disability	Sexual Orientation	Gender
Sex	Other:			

Name(s) of others who may have witnessed the incident:

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

Yes

No

Unknown

Describe the impact the incident has had on the student who has been bullied:

Does the situation continue to occur?

Yes

No

Unknown

What do you think should be done about the situation?
