

# Kenmore-Town of Tonawanda Union Free School District

## Dignity for All Students Act

### Report Form

**PERSON REPORTING INCIDENT** (Please print)

<b>Name:</b>	<b>Phone Number:</b>
<b>Relationship to Alleged Victim:</b>	<b>Did you witness the incident?</b>
<b>Today's Date:</b>	<b>Time(s) of Incident:</b>
<b>Date(s) of Incident:</b>	

**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.**

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**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?**

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

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

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**Administrator / School Counselor:**

**Describe the Remedy, Outcome or Resolution: (Include Interventions)**

**Alleged Victim:**

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**Offender(s):**

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