Dignity Act Coordinator (DAC) Referral Form

Date:___________________  Reporting Person___________________________________

Date of Incident___________  Referred by:__________________________________________

Names of Victim(s)_______________________________________________________________________

Names of Student(s):_____________________________________________________________________

Names of Witnesses:_____________________________________________________________________

Incident involves:

- National Origin
- Weight
- Color
- Religion
- Religious Practice
- Sex
- Disability
- Sexual Orientation
- Ethnic Group
- Gender
- Race
- Other_______________________

Incident Summary:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

DASA Findings:

1. Severity of incident:
   - Unfounded
   - Mild: Counseling and reteaching of expectations
   - Moderate: May require short term individual or group counseling to address concerns
   - Severe: May require above and referral to outside counseling / MD
   - Refer back to administration Yes / No  Name of Admin__________________________

   Intervention : Concrete recommendation with implementation date and efficacy measure.
Repeat bullying offender? Yes/no

How was parent contacted and what was the outcome?

Please circle building  CEW  COR  WMI  RID  MS  JHS  HS

Revised 1/20  (White) Admin, (Green) Dir of MH, (Canary) DAC, (Pink) Clerical, Reporter (Goldenrod)