

## General Brown Jr.-Sr. High School's Dignity for All Students Act Incident Report

Reporter's Name	Contact Information	Relationship to Victim	
Victim's Name		Gender	Grade
Offender's Name 1		Gender	Grade (if known)
Offender's Name 2		Gender	Grade (if known)

Location of Incident	Date and Time of Incident
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Description of Incident

Witness 1	Grade	Witness 2	Grade
Witness 3	Grade	Witness 4	Grade

List any evidence and attach if possible: (letters, text messages, pictures)

I attest that all information provided on this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature (You may report anonymously)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving the Report

\_\_\_\_\_  
Date