

# SAMPLE DATING ABUSE INCIDENT FORM

*Teen dating abuse* is a pattern of actual, or threatened, behavior used by a person to harm, threaten, intimidate or control another person in a relationship of a romantic or intimate nature, regardless of whether that relationship is continuing or has concluded or the number of interactions between the individuals. Teen dating abuse usually includes some combination of physical, emotional, sexual, technological abuse and stalking.

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Person Reporting Incident (may report anonymously): \_\_\_\_\_

I am a: (place an X in the appropriate box)

Student     Parent/Caregiver     Teacher/Staff     Volunteer

Contact Information (please include best way to reach you, i.e., by phone, email, etc.)  
\_\_\_\_\_

## INCIDENT INFORMATION

Date Incident Occurred: \_\_\_\_\_

Name of person experiencing dating abuse: \_\_\_\_\_

Name of alleged offender: \_\_\_\_\_

(Victims may report without naming the offender, but that limits corrective action)

Type of dating abuse (check all that apply):

Verbal/Emotional     Physical     Stalking     Technological/Written

Brief explanation (attach additional documents if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this the first incident?     Yes     No, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses?     No     Yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the relationship between the victim and offender.  
\_\_\_\_\_

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Did a physical injury result from an incident?

No     Yes, but it did not require medical attention     Yes, it did require medical attention

Medical Attention Required: \_\_\_\_\_

Was the target of the incident absent from school?     Yes     No

If yes, how many days was the student absent as a result from this incident? \_\_\_\_\_

Services Provided to Victim

Counseling (in school)     Counseling referral (outside of school)

Local Social Service Agencies (List Names of Agencies) \_\_\_\_\_

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School Based Stay Away Order     Protective Order Referral

Any other information you would like to provide to help in our investigation:

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

*Note: The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in dating violence and the remedial action taken, based on a confirmed report. I certify that all this information is true to the best of my knowledge.*

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

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# INVESTIGATION REPORT

Investigated by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Final Report of Investigation of dating violence complaint by \_\_\_\_\_  
against \_\_\_\_\_, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

Found grounds to substantiate the report as dating abuse

Incident was:  Verbal  Stalking  Physical  Technological/Written

Did not find grounds to substantiate the allegations

Did not find enough information to make a judgment on the allegations

## Summary of investigation, findings, and disciplinary action:

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## Summary of supportive services/referrals to the victim:

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## Summary of supportive services/referrals to the offender:

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Parent/Guardian of Target Contacted:  Yes Date: \_\_\_\_\_  No

Parent/Guardian of Alleged Offender Contacted:  Yes Date: \_\_\_\_\_  No

Law Enforcement Contacted:  Yes Date: \_\_\_\_\_  No

Law Enforcement Agency Contacted: \_\_\_\_\_

Signature of Investigator/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not the investigator)

# STUDENT SEXUAL ASSAULT/HARRASSMENT INCIDENT FORM

Sexual abuse encompasses any unwanted sexual contact; it may occur between intimates, acquaintances or strangers. Behaviors range from unwanted touching through forced sex and may include behaviors like reproductive control and birth control sabotage.

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Person Reporting Incident (may report anonymously): \_\_\_\_\_

I am a: (place an X in the appropriate box)

Student     Parent/Caregiver     Teacher/Staff     Volunteer

Contact Information (please include best way to reach you, i.e., by phone, email, etc.)

## INCIDENT INFORMATION

Date Incident Occurred: \_\_\_\_\_

Name of person experiencing harassment/assault: \_\_\_\_\_

Name of alleged offender: \_\_\_\_\_

(Victims may report without naming the offender, but that limits corrective action)

Type of Sexual Abuse (check all that apply):

Sexual Harassment     Sexual Assault

Brief explanation (attach additional documents if necessary):

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Is this the first incident?     Yes     No, please explain

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Were there any witnesses?     No     Yes, please explain

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Describe the relationship between the victim and offender.

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Did a physical injury result from an incident?

No    Yes, but it did not require medical attention    Yes, it did require medical attention

Medical Attention Required: \_\_\_\_\_

Medical Facility Providing Treatment \_\_\_\_\_

Medical Professionals Providing Treatment \_\_\_\_\_

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Was the target of the incident absent from school?    Yes    No

If yes, how many days was the student absent as a result from this incident? \_\_\_\_\_

Any other information you would like to provide to help in our investigation:

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

Services Provided to Victim

Counseling (in school)    Counseling referral (outside of school)

Local Social Service Agencies (List Names of Agencies) \_\_\_\_\_

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School Based Stay Away Order

Protective Order Referral

*Note: The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in dating violence and the remedial action taken, based on a confirmed report. I certify that all this information is true to the best of my knowledge.*

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

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# INVESTIGATION REPORT

Investigated by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Final Report of Investigation of dating violence complaint by \_\_\_\_\_  
against \_\_\_\_\_, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

Found grounds to substantiate the report as sexual abuse/harassment

Incident was:  Sexual Harassment  Sexual Assault

Did not find grounds to substantiate the allegations

Did not find enough information to make a judgment on the allegations

### Summary of investigation, findings, and disciplinary action:

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

### Summary of supportive services/referrals to the victim:

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

### Summary of supportive services/referrals to the offender:

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

Parent/Guardian of Target Contacted:  Yes Date: \_\_\_\_\_  No

Parent/Guardian of Alleged Offender Contacted:  Yes Date: \_\_\_\_\_  No

Law Enforcement Contacted:  Yes Date: \_\_\_\_\_  No

Law Enforcement Agency Contacted: \_\_\_\_\_

Signature of Investigator/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
(if not the investigator)

# Dating Abuse Incident Form for Parents

Teen dating abuse is a pattern of actual, or threatened, behavior used by a person to harm, threaten, intimidate or control another person in a relationship of a romantic or intimate nature, regardless of whether that relationship is continuing or has concluded or the number of interactions between the individuals. Teen dating abuse usually includes some combination of physical, emotional, sexual, technological abuse and stalking.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Think about your child's recent alleged experience of teen dating abuse. Describe what happened.

1. How was he or she victimized? (You can check more than one):

- Physically (for example: hit, kicked, pushed, slapped, spat on, had property taken or destroyed, etc.)
- Verbally (for example: threatened, controlling behavior, derogatory names, etc.)
- Stalking (for example: followed student, repeated remaining at location to monitor student, etc.)
- Sexual (for example: sexually suggestive language, unwelcome sexual contact, rape)
- Technological (for example: others used computers, email or phone text to threaten student or make student look bad) \_\_\_ at school \_\_\_ outside of school

2. Is this the first time the dating abuse has been reported? \_\_\_yes \_\_\_no. If no, how many times has it been reported? \_\_\_\_\_  
To whom have previous reports been made? \_\_\_\_\_

3. Summary of abuse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this happened before? \_\_\_\_\_  
\_\_\_\_\_

4. Who did this to the student? \_\_\_\_\_  
\_\_\_\_\_

5. Describe the relationship between the victim and offender \_\_\_\_\_  
\_\_\_\_\_

6. *Who* else was around that saw or heard this happen? \_\_\_\_\_  
\_\_\_\_\_

7. Was the target of the incident absent from school?  Yes  No

8. If yes, how many days was the student absent as a result from this incident? \_\_\_\_\_

9. What steps have you already taken to help in this situation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note: This alleged incident of dating abuse will be fully investigated. Sometimes, depending on several circumstances, the investigation may take several days to complete. You will be contacted once the investigation is completed. The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in dating violence and the remedial action taken, based on a confirmed report. I certify that all this information is true to the best of my knowledge.

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

## XXXX School Corporation Alleged Dating Abuse Incident Report Form (Sample)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_ Room/Location: \_\_\_\_\_ Adult Completing Form: \_\_\_\_\_  
Of Incident

Student(s) Victim of Dating Abuse:

Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_

Student(s) Offender:

Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_

Student Witness(es):

Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_

(Attach additional paper if necessary)

**Type of Dating Abuse Alleged (check all that apply):**

Verbal \_\_\_\_\_ Stalking \_\_\_\_\_ Technological \_\_\_\_\_ Physical \_\_\_\_\_

**Check all spaces below that apply. Adult identified inappropriate behavior as:**

<input type="checkbox"/> Name calling	<input type="checkbox"/> Writing / graffiti	<input type="checkbox"/> Choking
<input type="checkbox"/> Spitting	<input type="checkbox"/> Shoving / pushing	<input type="checkbox"/> Using a weapon
<input type="checkbox"/> Taunting / ridiculing	<input type="checkbox"/> Threatening	<input type="checkbox"/> Cyber-stalking
<input type="checkbox"/> Demeaning comments	<input type="checkbox"/> Hitting / kicking/slapping	<input type="checkbox"/> First Time Incident
<input type="checkbox"/> Inappropriate gesturing	<input type="checkbox"/> Other violent, physical contact	<input type="checkbox"/> Ongoing Issue/Multiple Incidents
<input type="checkbox"/> Text	<input type="checkbox"/> Flashing a weapon	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Staring / leering	<input type="checkbox"/> Inappropriate touching	<input type="checkbox"/> False Reporting
<input type="checkbox"/> Damaging property	<input type="checkbox"/> Intimidation / extortion	<input type="checkbox"/> Other _____

**Describe the incident:** \_\_\_\_\_

(Please use additional paper if necessary and attach student and/or parent report forms if available)

**Physical evidence:**

<input type="checkbox"/> Graffiti	<input type="checkbox"/> Websites/Social Network	<input type="checkbox"/> Text Msg
<input type="checkbox"/> Notes	<input type="checkbox"/> Voice Msg	<input type="checkbox"/> Bodily harm
<input type="checkbox"/> Email	<input type="checkbox"/> Video Recording	<input type="checkbox"/> Other: _____

**Teacher/Staff Response Taken:** \_\_\_\_\_

(Staff portion concluded here)

Dating Violence Advocate Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, why: _____
Counselor/Social Worker Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, why: _____

**Administrative Action Taken:**

No action needed at this time \_\_\_\_\_ Action Taken: \_\_\_\_\_

**Check all that apply below:**

<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Referral to Social Worker or	<input type="checkbox"/> Suspension
<input type="checkbox"/> After School Detention	<input type="checkbox"/> Counselor for <i>follow-up</i>	<input type="checkbox"/> Alternative to Expulsion
<input type="checkbox"/> Restriction from after school activities	<input type="checkbox"/> Conference with Parent:	<input type="checkbox"/> Expulsion
<input type="checkbox"/> School-based stay away order	Date: _____ Time: _____	<input type="checkbox"/> Other
<input type="checkbox"/> Counseling with Principal or designee	<input type="checkbox"/> Removal from class or activity	<input type="checkbox"/> Danger Assessment
<input type="checkbox"/> regarding the behavior in question	<input type="checkbox"/> In-school suspension	<input type="checkbox"/> Mental Health Intervention
<input type="checkbox"/> Referral to Dating Violence Advocate	<input type="checkbox"/> Alternative to suspension	<input type="checkbox"/> Healthy Relationship Ed.

Law Enforcement Agency Contacted:  Yes  No Agency \_\_\_\_\_ Date \_\_\_\_\_

Name of Law Enforcement official contacted \_\_\_\_\_

Parent(s) of Target(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Parent(s) of Offender(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Coded in Discipline Code Used: \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_

*Follow-up required within one school week.* Date of follow-up with Perpetrator: \_\_\_\_\_ Initials: \_\_\_\_\_

Intervention/Comments: \_\_\_\_\_

Date of follow-up with Victim: \_\_\_\_\_ Initials: \_\_\_\_\_

Intervention/Comments: \_\_\_\_\_

## XXXX School Corporation Alleged Sexual Harassment/Assault Incident Report Form

Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_ Room/Location: \_\_\_\_\_ Adult Completing Form: \_\_\_\_\_  
Of Incident

Student(s) Victim of Sexual Harassment/Assault:

Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_

Student(s) Offender:

Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_

Student Witness(es):

Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher/Administrator: \_\_\_\_\_

(Attach additional paper if necessary)

Type of Abuse Alleged (check all that apply): Sexual Harassment \_\_\_\_\_ Sexual Assault \_\_\_\_\_

Check all spaces below that apply. Adult identified inappropriate behavior as:

<input type="checkbox"/> Unwelcome sexual advances	<input type="checkbox"/> Sexual Coercion	<input type="checkbox"/> Cyber-stalking
<input type="checkbox"/> Request for sexual favor	<input type="checkbox"/> Rape defined by IC 35-42-4-1, 2	<input type="checkbox"/> Sexting
<input type="checkbox"/> Inappropriate gesturing	<input type="checkbox"/> Sexual Battery defined by IC 35-42-4-8	<input type="checkbox"/> False Reporting
<input type="checkbox"/> Forced viewing of sexual material		<input type="checkbox"/> Other _____

Describe the incident: \_\_\_\_\_  
\_\_\_\_\_

(Please use additional paper if necessary and attach student and/or parent report forms if available)

Physical evidence:

<input type="checkbox"/> Graffiti	<input type="checkbox"/> Websites/Social Network	<input type="checkbox"/> Text Msg
<input type="checkbox"/> Notes	<input type="checkbox"/> Voice Msg	<input type="checkbox"/> Bodily harm
<input type="checkbox"/> Email	<input type="checkbox"/> Video Recording	<input type="checkbox"/> Other: _____

Teacher/Staff Response Taken:

(Staff portion concluded here)

Department of Child Services Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, why: _____	Date _____
Name of person spoke to _____	Date _____
Law Enforcement Contacted? <input type="checkbox"/> yes <input type="checkbox"/> no. If no, why: _____	Date _____
Name of person spoke to _____	Date _____

**Administrative Action Taken:**

No action needed at this time \_\_\_\_\_ Action Taken: \_\_\_\_\_

Check all that apply below:

<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Referral to Social Worker or Counselor for <i>follow-up</i>	<input type="checkbox"/> Suspension
<input type="checkbox"/> After School Detention	<input type="checkbox"/> Conference with Parent:	<input type="checkbox"/> Alternative to Expulsion
<input type="checkbox"/> Restriction from after school activities	Date: _____ Time: _____	<input type="checkbox"/> Expulsion
<input type="checkbox"/> School-based stay away order	<input type="checkbox"/> Removal from class or activity	<input type="checkbox"/> Other _____
<input type="checkbox"/> Counseling with Principal or designee regarding the behavior in question	<input type="checkbox"/> In-school suspension	<input type="checkbox"/> Danger Assessment
<input type="checkbox"/> Referral to Dating Violence Advocate	<input type="checkbox"/> Alternative to suspension	<input type="checkbox"/> Mental Health Intervention
		<input type="checkbox"/> Healthy Relationship Ed.

Parent(s) of Victim(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Parent(s) of Offender(s) Contacted: Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Coded in Discipline Code Used: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Follow-up required within one school week. Date of follow-up with Perpetrator: _____ Initials: _____
Intervention/Comments: _____
Date of follow-up with Victim: _____ Initials: _____
Intervention/Comments: _____

## MS/HS Levels of Disciplinary Consequences and Supports

Offensive Action	Consequences	Contact Administrator	Contact Parent/Caregiver	Referral
<b>Verbal</b>  <b>Nonverbal</b>  <b>Technological/ Written</b>  <b>Emotional/ Or Psychological Abuse</b>	<b>First offense</b>  * Verbal Warning  * Education, teaching positive behavioral expectations	May Inform	May Inform	If appropriate, dating violence prevention counselor or other violence prevention counselor (out-of-school)  School Social Worker/ Counselor
	<b>Repeat Offense</b>  * Teacher / Counselor conference  * Social skills classes, individualized behavior interventions  * Send to office or detention	Inform	Inform	Dating violence prevention counselor or other violence prevention counselor
<b>Physical</b>  Hitting, punching, pinching, pushing, shoving, grabbing, slapping, kicking, choking, pulling hair, biting, throwing things, arm twisting	<b>First Offense</b>  * Send to office or detention  * Must inform parent  *Conference with parent	Must Inform	Parent Conference	Dating violence prevention counselor or other violence prevention counselor  School security  Local Law Enforcement

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To Increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.

Offensive Action	Consequences	Contact Administrator	Contact Parent/Caregiver	Referral
<p><b>Intimidation</b></p> <p>Blocking exits, punching walls, knocking things around</p> <p><b>Restraining,</b></p> <p>Confining, pinning someone to a wall, blocking movements</p>	<p><b>Repeat Offense</b></p> <ul style="list-style-type: none"> <li>* Send to office or detention</li> <li>* Conference with parent</li> <li>* Dangerousness Assessment</li> <li>*School-Based Stay Away Order</li> <li>*If appropriate, provide resources for Civil Protective Order</li> </ul>	<p>Must Inform</p>	<p>Must Inform</p>	<p>Dating violence prevention counselor or other violence prevention counselor</p> <p>School security</p> <p>Local Law Enforcement</p>
<p><b>Using weapons</b></p>	<ul style="list-style-type: none"> <li>* Suspension</li> <li>* Mental Health Intervention</li> <li>* Must inform local law enforcement</li> <li>* Stay Away Order</li> <li>* Provide resources for Civil Protective Order</li> </ul>	<p>Must inform</p>	<p>Must Inform</p>	<p>Dating violence prevention counselor or other violence prevention counselor</p> <p>School security</p> <p>Local Law Enforcement</p>

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To Increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.

<b>Offensive Action</b>	<b>Consequences</b>	<b>Contact Administrator</b>	<b>Contact Parent/Caregiver</b>	<b>Referral</b>
<p><b>Stalking</b></p> <p>A repeat pattern of harassing or threatening tactics that are unwanted and cause the target of these behaviors to feel unsafe or afraid. Behaviors may include following, monitoring the target through technology, phoning and/or sending unwanted messages or gifts.</p>	<ul style="list-style-type: none"> <li>* Suspension</li> <li>* Mental Health Intervention</li> <li>* Must inform local law enforcement</li> <li>* School-Based Stay Away Order</li> <li>* Provide resources for Civil Protective Order</li> </ul>	Must Inform	Must Inform	<p>Dating violence prevention counselor or other violence prevention counselor</p> <p>School Security</p> <p>Local Law Enforcement</p>
<p><b>Sexual Harassment</b></p> <p>Name calling which has sexual connotations, such as: bitch, fag, homo, or slut</p> <p>Cat calls or whistling</p> <p>Spreading sexual gossip or graffiti</p> <p>Comments about a person's body or unwanted verbal or written sexual comments</p> <p>Staring or leering with sexual overtones, sexual gestures</p>	<p><b>First Offense</b></p> <ul style="list-style-type: none"> <li>* Send to office</li> <li>* Healthy Relationship Education</li> </ul>	Must Inform	Must Inform	<p>Dating violence prevention counselor or other violence prevention counselor</p>
	<p><b>Repeat Offense</b></p> <ul style="list-style-type: none"> <li>* Suspension</li> <li>* Psychological Assessment</li> <li>* School-Based Stay Away Order</li> </ul>	Must Inform	Must Inform	<p>School Security</p> <p>Local Law Enforcement</p>

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To Increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.

<b>Offensive Action</b>	<b>Consequence</b>	<b>Contact Administrator</b>	<b>Contact Parent/Caregiver</b>	<b>Referral</b>
<b>Sexual Assault</b> Sexual Coercion Rape Attempted Rape	* Suspension  * Psychological Assessment  * School-Based Stay Away Order  * Provide resources for Civil Protective Order	Must Inform	Must Inform	School Security  Local Law Enforcement  Department of Child Services
<b>Forcing Obscene Materials on Others</b>	* Suspension	Must Inform	Must Inform	School Security Local Law Enforcement
<b>Pulling off or lifting clothes to expose private parts</b>	* Suspension  * If appropriate, School-Based Stay Away Agreement	Must Inform	Must Inform	School Security  Local Law Enforcement

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To Increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.

**School Corporation xxx  
Request for Accommodations**

The actions listed below are to ensure your right to a safe school environment free from harassment or harm.

Accommodations may be requested without investigation of dating violence incidents by school administrators or staff. School officials will not investigate the incident(s) if questions 1-5 are left blank.

These accommodations may not fully resolve the issue you are facing.

***If you believe your safety is at risk, please tell  
a counselor, teacher or other school official.***

If you wish to speak to a dating abuse advocate locally or nationally, please contact:

**Local**

(local domestic violence resources)  
Name of agency and phone number

**National**

loveisrespect.org  
Rape, Abuse, & Incest National Network  
1.800.656.HOPE

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**1. Describe the circumstances causing you to seek accommodations.**

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**2. When and where did it happen?**

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**3. Were there any witnesses?**       yes    no

**If yes, who?** \_\_\_\_\_

4. Is this the first incident?  yes  no

5. If no, how many times has it happened before? \_\_\_\_\_

6. What accommodation(s) requesting? Please check all that apply.

- Change of class seat assignment
- Change of locker assignment
- Change of student's class schedule
- Permission to leave class to see a counselor or social worker
- Private space for meeting with counselors and school officials regarding dating violence and sexual violence issues
- Excused absence for classes missed due to dating or sexual violence
- Makeup class work, including homework, quizzes, tests, and any other graded work, for classes missed due to dating violence or sexual violence or threat thereof
- Alternative education plan for student
- School transfer for student
- Other (please specify):

I certify that all statements made in this request for accommodation are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary to respond to this request.

**Signatures**

**Student:** \_\_\_\_\_

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

**School official receiving request:** \_\_\_\_\_

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

**Notes of action(s) taken:**

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**Additional information from student or school employee:**

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## **SAMPLE SCHOOL-BASED STAY AWAY AGREEMENT**

This agreement is designed to increase safety for students who have been the victim/survivor of dating abuse, sexual violence, bullying, and/or harassment. It is administered in a conference with the alleged perpetrator and his/her parent(s) or legal guardian(s).

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Date of the incident: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Description of behaviors involved in incident(s)

\_\_\_\_\_

In order to protect the rights and safety of all members of our school community, you are required to stay away from \_\_\_\_\_(name(s) of victim) at all times during the school day and at any school-sponsored event.

This means that you may not approach, talk to, sit by, or have any contact with the student(s) named above at school or on school property, school buses, school bus stops, or at school-related events. Also, no one may contact the protected person on your behalf, relay messages, or provide information.

In addition, the following actions are effective immediately (mark N/A if not applicable):

Arrival/Departure Time: \_\_\_\_\_ Entrance: \_\_\_\_\_

Bus/Parking #: \_\_\_\_\_

Current Schedule /New Schedule (print and attach)

Lunch: \_\_\_\_\_

Locker: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Other disciplinary actions: \_\_\_\_\_

Violations of this agreement and/or acts of retaliation directly or indirectly toward the victim or the victim's friends or family members will be taken seriously and will result in further school disciplinary or legal actions,

Your compliance will be monitored by \_\_\_\_\_(name and staff title).

Agreement is valid from \_\_\_\_\_(date) to \_\_\_\_\_(date).

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Date: \_\_\_\_\_