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| **PART 3. SAMPLE DIGNITY ACT INCIDENT VERIFICATION AND PARENT NOTIFICATION**  |
| **The following section is for documenting the school’s investigation to be completed by the school leader and/or designee (i.e. Dignity Act Coordinator).**  |

**Investigation Findings (include summary of information gathered from interviews):** (*Add extra pages if needed*)

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**Please describe the response to the incident** *(briefly describe how the students will be supported, any actions to end the bullying, eliminate the hostile environment, create a more positive school culture & climate, prevent recurrence of the behavior, and ensure the safety of the students; indicate if the Part 4 and/or Part 5 sample forms will be completed):*

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**Was the investigation able to verify that a material incident of bullying, cyberbullying, harassment, and/or discrimination occurred?** □ Yes □ No **If no, what steps can still be taken to further support the students involved?**

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**Were parents/person(s) in parental relation of all involved students contacted?** □ Yes □ No **If no, why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact with parents/person in parental relation of student who was targeted (name and date): \_\_

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Contact with parents/person in parental relation of student who caused the incident (name and date):

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Did the school feel it was necessary to contact law enforcement?

□ No □ Yes *(if yes, name and date):* ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant information:

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Completed by: Date completed: