

**179 East Lake Blvd. Mahopac, NY 10541**

***DIGNITY FOR ALL STUDENTS ACT***

**INCIDENT REPORT FORM**

**Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Tel. #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) of Incident(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time of Incident(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of People Involved: Grade: Alleged Role in Incident (victim or offender)**

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

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**Location of Incident(s): (Check all that apply)**

\_\_\_\_ School property (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ On a school bus (specify bus #, and AM or PM Route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ School Function/event, (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Off school property, (specify/describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of the Incident(s):** Please describe the nature of the alleged incident and include any relevant gestures and/or written, verbal or physical act(s) and/or any electronic communication. Attach additional sheets if necessary.

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Is there a history of incidents involving the same alleged offender(s)? Please describe.

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**Motivational Factor(s):**

Check all actual or perceived characteristics that were or may have been motivational factors in the alleged incident(s).

\_\_\_\_ Race \_\_\_\_ Gender, Gender Identify or Expression

\_\_\_\_ Color \_\_\_\_ Sexual Orientation

\_\_\_\_ Religion/Religious Practices \_\_\_\_ Sex

\_\_\_\_ Weight \_\_\_\_ Disability

\_\_\_\_ National Origin \_\_\_\_ Other actual or perceived characteristics -

\_\_\_\_ Ethnic Group - (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Injuries:**

Has any physical injury or injuries resulted from this/these incident(s)? \_\_\_ Yes \_\_\_ No

If yes, was medical treatment required? \_\_\_ Yes \_\_\_ No

If yes, what were the injuries that required medical treatment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Identify what harm you believe was or may have been caused by the alleged incident. Check all that apply.

\_\_\_\_ Physical or emotional harm

\_\_\_\_ Creation of a hostile educational environment

\_\_\_\_ Substantial disruption of interference with orderly operation of school or rights of others

\_\_\_\_ Severe or pervasive interference with student’s schooling or educational performance

**Witnesses:**

Identify below any witnesses or others who you know or have reason to believe may have relevant information regarding the alleged incident. Indicate if student, parent, staff member or other.

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**Signature of person completing report Date**

\*\* Any person reporting an incident of harassment, discrimination, and/or bullying in good faith is protected from liability claims.

***Please submit this completed form to the Principal or Dignity Act Coordinator.***

**For Administrative Use Only:**

**Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date DAC received incident report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Principal was notified of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**