

**NYACK PUBLIC SCHOOLS  
LIBERTY ° UPPER NYACK ° VALLEY COTTAGE ELEMENTARY SCHOOLS  
DIGNITY FOR ALL STUDENTS ACT  
INCIDENT REPORT FORM**

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

**Your Role in the Incident:** (e.g., witness, alleged victim, student\*, parent, teacher, etc.)  
\_\_\_\_\_

**\*Students:** If you need help completing this report, please ask an adult to help you.

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

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

<b>Names of People Involved:</b>	<b>Grade:</b>	<b>Alleged Role in Incident-victim or offender</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_ School property-(specify)\_\_\_\_\_

\_\_\_ On a school bus-(specify bus # and am/pm route)\_\_\_\_\_

\_\_\_ School function/event-(specify)\_\_\_\_\_

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

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

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

\_\_\_\_\_  
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**

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

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