

**NYACK PUBLIC SCHOOLS
NYACK MIDDLE SCHOOL ° NYACK HIGH SCHOOL
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.)

Date(s) of Incident(s): _____

Time of Incident(s): _____

| Names of People Involved: | Grade: | Alleged Role in Incident-victim or offender |
|----------------------------------|---------------|--|
|----------------------------------|---------------|--|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 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.

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

Motivational Factor(s):

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

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender, Gender Identity or Expression |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion/Religious Practices | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Other actual or perceived characteristics |
| <input type="checkbox"/> 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? _____

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 or 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.

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: _____