



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) \_\_\_\_\_

Four rows of horizontal lines for recording names, grades, and roles.

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.

Multiple horizontal lines for describing the incident.

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

Two horizontal lines for describing history of incidents.

**Motivational Factor(s):**

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

- Race
- Color
- Religion/Religious Practices
- Weight
- National Origin
- Ethnic Group
- Gender, Gender Identify or Expression
- Sexual Orientation
- Sex
- Disability
- Other actual or perceived characteristics -  
- (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 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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