

**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): _____

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 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: _____