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): ____________________

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<tr>
<th>Names of People Involved</th>
<th>Grade</th>
<th>Alleged Role in Incident-victim or offender</th>
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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 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.

___Race ___Gender, Gender Identity 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? ___________________________
______________________________________________________________________________

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: ____________________________