



Shaping the Future...Together

Administrative Offices
9 Thompson Street, Port Jervis, NY 12771
Phone: (845) 858-3100 Fax: (845) 856-1885

INCIDENT REPORT

My Name is: _____ Date of Incident: _____

Please Print

Location of Incident (Check all that apply):

- Checkboxes for incident locations: In Class with Teacher, In Class without Teacher, Hallway, Bathroom, Room, Field, Recess, Cafeteria, Bus, Bus Stop, After School, To/From School, Outside of School, With Substitute Teacher, Gym, Library

Discrimination based on person's actual or perceived:

- Checkboxes for discrimination types: Race or Color, National Origin or Ethnic Group, Weight, Religion, Religious Practice, Disability, Sexual Orientation, Gender or Sex (including gender identify and expression)

Name(s) of People Involved _____

Description of Incident (include witnesses, names and date(s) of event:

Multiple horizontal lines for describing the incident.

NOTICE: FALSE STATEMENTS MADE HERIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 201.45 OF THE NYS PENAL LAW

Dated: _____ Signature of Complainant: _____