



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 categories: 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 incident description

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: