Thomas M. Bongiovi
Superintendent of Schools
9 Thompson Street
Port Jervis, New York 12771

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Incident Report

My Name is: _____ **Date of Incident:**_____

Location of Incident (Circle all that apply):

In Class with Teacher	In Class without Teacher	Hallway	Bathroom
Room: _____	Field	Recess	Cafeteria
Bus	Bus Stop	Afterschool	To/From School
Outside of School	With Substitute Teacher	Gym	Library

Discrimination based one person's actual or perceived:

Race or Color	National Origin or Ethnic Group	Weight
Religion	Religious Practice	Disability
Sexual Orientation	Gender or Sex (including gender identity and expression)	

Name(s) of People Involved: _____

Describe what happened (include witnesses, names and date(s) of event):

_____

_____

_____

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NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 201.45 OF THE N.Y.S. PENAL LAW.

Dated: _____ Signature: _____