



INCIDENT REPORTING FORM

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

School District GREENBURGH CENTRAL SCHOOL DISTRICT	School	Today's Date
Dignity Act Coordinator	Position	
Role of person reporting incident (Check one) <input type="checkbox"/> Student target <input type="checkbox"/> Student (witness) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Staff Member <input type="checkbox"/> Other Phone Email	Name of person reporting incident	
	Name of target (student being bullied, harassed, or discriminated against)	
	Name(s) of alleged offender(s)	
	Date(s) and time(s) of incident	
<p>What was your involvement in the incident?</p> <p><input type="checkbox"/> I was directly involved in the incident <input type="checkbox"/> I observed the incident <input type="checkbox"/> I heard about the incident</p> <p>Where did the incident happen? (Check all that apply)</p> <p><input type="checkbox"/> On school property <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Locker Room <input type="checkbox"/> Bathroom <input type="checkbox"/> At a school function <input type="checkbox"/> On a school bus <input type="checkbox"/> Off school property <input type="checkbox"/> Electronic Communication <input type="checkbox"/> Gym <input type="checkbox"/> Other (describe)</p> <p>Type of incident (Check all that apply)</p> <p><input type="checkbox"/> Physical contact (Kicking, punching, spitting, tripping, pushing, taking belongings) <input type="checkbox"/> Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats) <input type="checkbox"/> Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation) <input type="checkbox"/> Abuse (actions or statements that put an individual in fear of bodily harm) <input type="checkbox"/> Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))</p> <p>Who was involved in the incident?</p> <p><input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Both student and employee</p>		



Greenburgh Central
School District
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Describe the specific nature of the incident. What happened? (Be as specific as possible).

What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible. (Add extra pages if needed)

If there were any adults in the area this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

- ☐ Race
- ☐ Religious practice
- ☐ Religion
- ☐ Weight/size
- ☐ Sex
- ☐ National origin
- ☐ Color
- ☐ Disability
- ☐ Sexual orientation
- ☐ Ethnic Group
- ☐ Gender
- ☐ Other (describe)

Names of others who may have witnessed the incident:

Was the student absent from school as a result of the incident? ☐ No ☐ Yes Number of days student was absent _____

Does the situation continue to occur? ☐ Yes ☐ No

What do you think should be done about the situation?

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.