KINGS PARK CENTRAL SCHOOL DISTRICT
DIGNITY FOR ALL STUDENTS ACT
INCIDENT REPORT FORM

Date: _____ **Reporting Person:** _____
Relationship to Student: _____

Name(s) of student victim(s) and grade level(s):	**Name(s) of alleged offender(s) and grade level(s), if student:**	**Name(s) of Witnesses/Bystanders:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

School the Student(s) Attend: _____

Type of Incident (circle all that apply):
Called Mean Names/Teasing Excluded/Rejected Physical Told Lies or False Rumors/Gossip
Threatened/Intimidated Took/damaged possessions Electronic (i.e. Facebook, Computer, Texting, Cell Phone) Racial Comments Sexual Comments Jokes/Stories
Other (specify): _____

If the incident was a form of harassment, what was the harassment based on, actual or perceived (please check all that apply):
Race _____ Color _____ Weight _____ National Origin _____ Ethnic Group _____Religion _____
Religious Practice _____ Disability _____ Sexual Orientation _____ Gender _____ Sex _____
Other/not sure (specify): _____

Where did the incident happen? (Circle all that apply):
Field/Playground/Court Hallway/Transition In class with Teacher Locker In Class without Teacher
Bathroom Locker Room Line-up area Lunchroom Special To/From School Electronic (i.e. Internet, Texting) Bus Stop Bus School Event Field Trip
Other (specify):_____

People the Victim has spoken to about the incident (Circle all that apply):
Teacher Other Adult at School Parent/Guardian/Sibling Friend

_____ _____ _____ _____

Explain what occurred and how and when you became aware of the alleged incident: (Please use a separate sheet if necessary.)

_____

_____

_____

Signature of person completing this form: _____ **Date:** _____