



POCANTICO HILLS CENTRAL SCHOOL
599 BEDFORD ROAD
SLEEPY HOLLOW, NEW YORK 10591
(914) 631-2440

**DIGNITY FOR ALL STUDENTS ACT
INCIDENT REPORTING FORM**

RETALIATION OR THREATS OF RETALIATION AGAINST ANY PERSON INVOLVED IN AN INVESTIGATION OF HARASSMENT, DISCRIMINATION, OR BULLYING IS A VIOLATION OF THE LAW. IF YOU BELIEVE YOU ARE A SUBJECT OF SUCH ACTIONS AS A RESULT OF YOUR COOPERATION WITH THIS INVESTIGATION, PLEASE CONTACT THE DIGNITY ACT COORDINATOR.

1. **CONTACT INFORMATION**

DATE: _____

PERSON COMPLETING THIS FORM: _____

NAME OF PERSON REPORTING THE INCIDENT: _____

NAME(S) OF TARGET(S): _____

AGGRESSOR(S): _____

CONTACT INFORMATION (if needed): _____

REPORTER'S RELATIONSHIP TO THE TARGET:

PARENT/GUARDIAN

FRIEND

STAFF

TEACHER

SELF

OTHER (please explain)

2. **INCIDENT LOCATION**

DATE OF INCIDENT: _____

WHERE DID THE INCIDENT HAPPEN? (choose all that apply)

ON SCHOOL PROPERTY - LOCATION _____

ON THE SCHOOL BUS - TIME _____

ON THE WAY TO/FROM SCHOOL - LOCATION _____

AT A SCHOOL-SPONSORED ACTIVITY/EVENT OFF SCHOOL PROPERTY

➤ LOCATION _____

5. **RECOMMENDED ACTION**

Signature: _____ Date: _____