

INCIDENT # .....  
Office Use Only



YOU MAY FAX THIS  
REPORT TO  
(212) 677-6612

## SCHOOL SAFETY DEPARTMENT INCIDENT REPORT

REPORT IMMEDIATELY all school-related incidents of any importance whatsoever that involve staff. Notify the principal and confirm that the principal has informed the Department of Education and NYPD/Division of School Safety. Send this Report to: Mr. Sterling Roberson at the UFT Safety Department, 52 Broadway, New York, NY 10004, 15th Floor. Also notify your District Representative.

SERIOUS INCIDENTS INVOLVING POLICE AND/OR HOSPITAL CALL: (212) 598-9287 IMMEDIATELY.

### **Victim Information**

Incident Date ..... Time of Incident .....  
School..... Region/Dist..... Location of Incident .....  
Victim's Name ..... File# ..... Sex .....  
Home Address ..... Home E-mail: .....  
City..... State..... Zip.....  
Home Phone ( ) ..... School Phone ( ) ..... Job Title .....

### **Perpetrator Type** —Circle number

1. STUDENT    2. SPECIAL ED STUDENT\*    3. PARENT    4. INTRUDER    5. OTHER

Alleged Perpetrator(s) if known

Name..... Sex..... Grade ..... Age .....  
Name..... Sex..... Grade ..... Age .....  
Name..... Sex..... Grade ..... Age .....

\*Please indicate category .....

### **Type of Incident**—Circle number. See reverse side for definitions.

1. ASSAULT    2. VERBAL HARASSMENT    3. LARCENY    4. DISORDERLY CONDUCT    5. ROBBERY  
6. SEX OFFENSE    7. MENACING    8. CRIMINAL MISCHIEF    9. RECKLESS ENDANGERMENT  
10. PHYSICAL HARASSMENT

Description of incident (use reverse side if necessary) .....  
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### **Extent of Injuries**—Circle number

1. NONE    2. SELF-TREATED    3. PERSONAL MD    4. EMERGENCY ROOM    5. HOSPITALIZED  
6. OTHER (SPECIFY).....

Describe Injury (use reverse side if necessary) .....  
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### **Notification**—Circle number

1. PRINCIPAL    2. POLICE    3. DISTRICT    4. BOARD INCIDENT REPORT  
5. OTHER (SPECIFY).....

### **Disposition**—Circle number

1. ARREST    2. YD CARD/SUMMONS    3. PRINCIPAL SUSPENSION    4. SUPERINTENDENT SUSPENSION  
5. OTHER (SPECIFY).....

### **Stolen/Damaged Property**

Description .....  
Value \$.....

### **Witnesses**

Name ..... Address .....  
Name ..... Address .....

