

Incident Form

Date: _____ Name of Interviewer: _____

School: _____ Student/Teacher making report: _____

The purpose of this survey is to record what type of incidents are occurring on Westchester High School's campus. Please fill in the spaces below.

Race: _____

Gender: _____

Sexual Orientation: _____

Incident	Yes	No
Have you ever been given a truancy ticket? If yes, how many? _____		
Have you ever received a ticket for anything else on school campus? If yes, for what? _____		
Have you ever felt like your rights were violated by school police or security?		
Have you ever felt intimidated by the school security or police?		
Have you ever felt like you were disciplined excessively?		
Have you ever been involved in an incident with school police or security that required your own physical or emotional aide afterwards?		
Have you ever felt like school police instigated or provoked an incident you were involved in?		
Have you ever been suspended or expelled?		
Have you ever felt like school police or security had used excessive force? Check any that apply. <input type="checkbox"/> Physically hit <input type="checkbox"/> Shoved or pushed <input type="checkbox"/> Excessive restraint <input type="checkbox"/> Mace <input type="checkbox"/> Other		

Have you ever had your picture or mug shot taken by school police or security?		
Have you ever been questioned on your immigration or citizenship status by school police or security?		
Have you ever been wrongfully searched by school police or security?		
Have you felt sexually harassed by school police or security?		
Have you ever felt verbally disrespected by school police or security based on <input type="checkbox"/> Race <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Citizenship or Immigration Status <input type="checkbox"/> Religion		
Have you noticed any biases or discrimination on the part of school police or security?		

Please describe an incident that you have experienced on campus:

1) What led up to the event

2) What happened?

3) What happened afterwards?

All the information you have provided will remain strictly confidential. Please sign stating that all the information provided is true the best to your memory and knowledge.

Signature: _____ Date: _____

Contact Information

Phone #:

Email:

Address:

Would you be willing to get involved in documenting incidents on campus?

Yes _____ No _____

Would you be willing to get involved in taking action to stop incidents on campus?

Yes _____ No _____