



**THE NEW YORK CITY DEPARTMENT OF EDUCATION  
ALTERNATIVE SCHOOLS AND PROGRAMS  
GED Plus**  
90-01 Sutphin Blvd. – 2nd Floor, Jamaica, NY 11435  
Telephone (718) 557-2590 Fax (718) 557-2599

**OCCURRENCE REPORTING FORM**

**Date of Occurrence:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Site Name:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_:\_\_\_\_ **Location:** \_\_\_\_\_  
(Classroom, Room #, Hallway, Schoolyard, etc.)

**Staff Member Completing Form:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**NYPD Contacted: PCT. #** \_\_\_\_\_ **Officer's Name** \_\_\_\_\_ **Shield/Badge #** \_\_\_\_\_

**EMS Contacted:** \_\_\_\_\_ **Name** \_\_\_\_\_ **Shield/Badge #** \_\_\_\_\_

**Other (SSA, Fire Dept.)** \_\_\_\_\_ **Name** \_\_\_\_\_ **Shield/Badge #** \_\_\_\_\_

**Hospital:** \_\_\_\_\_ **Parent Contacted:** Yes  No

**Accompanying Adult:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
(Staff - Agency -Parent)

**Student (s) Involved: (Last Name, First Name) "Please indicate if Victim or Suspect"**

\_\_\_\_\_ OSIS # \_\_\_\_/\_\_\_\_/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUSPENSION REQUEST TO BE COMPLETED BY ASSISTANT PRINCIPAL**

**Infraction Code:** \_\_\_\_\_ **Requested Suspension:** Principal's  Superintendent's  # of Days \_\_\_\_\_

**Begin Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Conference Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_:\_\_\_\_

**Conference Site:** \_\_\_\_\_ **Requesting A.P.:** \_\_\_\_\_

