



## Impact Statement

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Name

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Date

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Role or Title

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Date of Birth

Please recall the incident that affected you. With this incident in mind, please answer the following questions. The purpose of this document is to understand the impact on you and make sure you have a voice in the process and resolution.

1. Describe in your own words the incident that impacted you.
2. Who were the individual(s) involved? Do you know this or these individual(s)? If so, how would you describe him/her/them?
3. What did the incident cost you emotionally, financially and with your time?



4. Are there additional costs to you other than the ones stated above?
  
  
  
  
  
  
  
  
  
  
5. How did the incident impact other students, teachers, administrators, your friends and your family?
  
  
  
  
  
  
  
  
  
  
6. Has this incident impacted your life in other ways?
  
  
  
  
  
  
  
  
  
  
7. How can this harm to you be repaired to the best possible extent? What would you like to have happen?
  
  
  
  
  
  
  
  
  
  
8. Is there anything else you would like to say regarding what has happened?