

SEXUAL HARASSMENT INCIDENT REPORT FORM

Date: _____ Time: _____ Room/Location: _____

Student(s) Initiating Alleged Sexual Harassment:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Student(s) Affected:

_____ Grade: _____ Class: _____

_____ Grade: _____ Class: _____

Check all spaces below that apply. Adult stated or identified inappropriate behaviors as:

Name Calling

Spitting

Stalking

Demeaning Comments

Inappropriate Gesturing

Stealing

Staring/Leering

Damaging Property

Writing/Graffiti

Shoving/Pushing

Threatening

Hitting/Kicking

Taunting/Ridiculing

Flashing a Weapon

Inappropriate Touching

Intimidation/Extortion

Other _____

Describe the incident:

Witnesses Present: _____

Physical evidence: Graffiti _____ Notes _____ E-mail _____ Web sites _____ Video/audio tape _____

Other _____

Staff signature _____

Parent(s) contacted: Date _____ Time _____

Adoption Date: June 1, 2020

Revision Date(s):

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Administrative response taken:
