

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:

- |  |   |
|--|---|
| <input type="checkbox"/> Name Calling            | <input type="checkbox"/> Spitting               |
| <input type="checkbox"/> Stalking                | <input type="checkbox"/> Demeaning Comments     |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Stealing               |
| <input type="checkbox"/> Staring/Leering         | <input type="checkbox"/> Damaging Property      |
| <input type="checkbox"/> Writing/Graffiti        | <input type="checkbox"/> Shoving/Pushing        |
| <input type="checkbox"/> Threatening             | <input type="checkbox"/> Hitting/Kicking        |
| <input type="checkbox"/> Taunting/Ridiculing     | <input type="checkbox"/> Flashing a Weapon      |
| <input type="checkbox"/> Inappropriate Touching  | <input type="checkbox"/> Intimidation/Extortion |
| <input type="checkbox"/> 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 \_\_\_\_\_

Administrative response taken:

\_\_\_\_\_