

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: _____