

## 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

☐ Stalking

☐ Inappropriate Gesturing

☐ Staring/Leering

☐ Writing/Graffiti

☐ Threatening

☐ Taunting/Ridiculing

☐ Inappropriate Touching

☐ Other \_\_\_\_\_

☐ Spitting

☐ Demeaning Comments

☐ Stealing

☐ Damaging Property

☐ Shoving/Pushing

☐ Hitting/Kicking

☐ Flashing a Weapon

☐ Intimidation/Extortion

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:

\_\_\_\_\_