

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:
