

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:

Witness Present: _____

Physical evidence: Graffiti _____ Notes _____ E-mail _____ Websites _____ Video/audio tape _____
Other _____

Staff Signature: _____

Parent(s) contacted: _____ Date _____ Time _____

Administrative response taken: _____