

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:
