

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:

Witnesses Present: _____

Physical evidence: Graffiti _____ Notes _____ E-mail _____ Web sites _____ Video/audio tape _____

Other _____

Staff signature _____

Parent(s) contacted: Date _____ Time _____

*Adoption Date: August 11, 2020**Revision Date(s):**Page 2 of 1*

Administrative response taken:
