Sexual Harassment Incident Report Form

Date: _____ Time _____ Room/Location: _____
Student(s) Initationg Alleged Sexual Harassment:

_____ Grade:_____ Class:_____
_____ Grade: _____ Class: _____

Student 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
____ Spitting
____ Demeaning Comments
____ Stealing
____ Damaging Property
____ Shoving/Pushing
____ Hitting/Kicking
____ Flashing a weapon
____ Intimidation/Extortion
___ Other _____
Describe the incident:
_____
_____
Witnesses Present: _____

Physical Evidence: Graffati____ Notes___ E-mail____ Websites___ Video/audio ____
Other_____
Staff signature _____

Parent(s) Contacted: Date _____ Time _____ am/pm
Administrative response taken:
_____

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