

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: