

**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:

- |  |   |
|--|---|
| <input type="checkbox"/> Name Calling            | <input type="checkbox"/> Spitting               |
| <input type="checkbox"/> Stalking                | <input type="checkbox"/> Demeaning Comments     |
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Stealing               |
| <input type="checkbox"/> Staring/Leering         | <input type="checkbox"/> Damaging Property      |
| <input type="checkbox"/> Writing/Graffiti        | <input type="checkbox"/> Shoving/Pushing        |
| <input type="checkbox"/> Threatening             | <input type="checkbox"/> Hitting/Kicking        |
| <input type="checkbox"/> Taunting/Ridiculing     | <input type="checkbox"/> Flashing a Weapon      |
| <input type="checkbox"/> Inappropriate Touching  | <input type="checkbox"/> Intimidation/Extortion |
| <input type="checkbox"/> 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 \_\_\_\_\_

Administrative response taken: