# SEXUAL HARASSMENT INCIDENT REPORT
## (For Parental, Student or Faculty Reporting Use Only)

TO:

☐ Title IX Coordinator - Assistant Superintendent

☐ Alternate Coordinator - Director of Federal Programs and Curriculum

FROM:

Name of Grievant: _____

Address/Telephone #:_____

E-Mail Address:_____

DATE REPORT FILED: _____

(Reports must be submitted within 30 days of alleged violations.)

DATE OF ALLEGED VIOLATION: _____

VIOLATION DETAILS - Answer the questions below with as detailed of facts as possible. You may us the back of the page as well, if needed:

1. **WHAT IS THE NATURE OF THE ALLEGED VIOLATION?**

2. **WHAT ARE THE NAMES OF THE PERSONS RESPONSIBLE?**

3. **WHAT IS THE REQUESTED ACTIONS YOU WANT TO SEE TAKEN?**

# SEXUAL HARASSMENT INCIDENT REPORT FORM
## (For School Use Only)

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:

_____

_____