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: