

FAIRLAND BOARD OF EDUCATION		FB-E1
<i>Adoption Date: August 14, 2023</i>	<i>Revision Date(s):</i>	<i>Page 1 of 1</i>

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 _____

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Administrative response taken:
