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  ___ Spitting
___ Stalking       ___ Demeaning Comments
___ Inappropriate Gesturing ___ Stealing
___ Staring/Leering ___ Damaging Property
___ Writing/Graffiti ___ Shoving/Pushing
___ Threatening      ___ Hitting/Kicking
___ Taunting/Ridiculing ___ Flashing a Weapon
___ Inappropriate Touching ___ Intimidation/Extortion
___ 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:________________________________________________________________________