

Harassment and Sexual Harassment Incident Report Form

Date of Report: _____

| A. When and where did the incident occur? | |
|--|--|
| School Name | |
| Date (s) of Harassment Incident | |
| Approximate Frequency | Please check the answer that best describes the frequency: First occurrence <input type="checkbox"/> Once or twice a month <input type="checkbox"/> A few times a week <input type="checkbox"/> Once a week <input type="checkbox"/> Daily <input type="checkbox"/> |
| Time (s) of incident | Please check the corresponding time(s) and indicate the exact time if Relevant: Before school <input type="checkbox"/> After school <input type="checkbox"/> Morning instructional time <input type="checkbox"/> Afternoon instructional time <input type="checkbox"/> Morning recess <input type="checkbox"/> Lunch recess <input type="checkbox"/> Afternoon recess <input type="checkbox"/> Exact time if relevant: _____ |
| Location(s) of Incident | Please check all locations that apply: On school property <input type="checkbox"/> On the bus <input type="checkbox"/> Off school property <input type="checkbox"/> |

| | |
|--|--|
| | Cyber (e.g., online/social media/text) <input type="checkbox"/> Where specifically did the incident(s) occur: _____ _____ |
|--|--|

| B. Who was Involved? | |
|---|--|
| Name (s) of the target | |
| Name(s) of the the accused | |
| Name(s) of witnesses / bystanders | |
| Name of who, if anyone, was previously told of this incident? | |

| C. What form of harassment took place. Record Statements. |
|--|
| Verbal <input type="checkbox"/> Physical <input type="checkbox"/> Emotional/Psychological/Social <input type="checkbox"/> Cyber <input type="checkbox"/> Describe the incident: |

Statement from the alleged target(s) :

Statement from the alleged accused::

Statement from Witness(es) :

Statement from others:

| |
|--|
| |
|--|

| |
|---|
| D. Action taken by the targeted individual following the incident. |
| Discussion with the accused to ask them to stop the harassing behavior <input type="checkbox"/> |
| Discussion with a parent/guardian, or support person <input type="checkbox"/> |
| Referral to a staff member <input type="checkbox"/> |
| Referral to the principal <input type="checkbox"/> |
| Online support <input type="checkbox"/> |
| Told a friend <input type="checkbox"/> |
| Referral to police <input type="checkbox"/> |
| Other: |

| |
|--|
| E. Action Taken by School: |
| <ol style="list-style-type: none">1. Interviewed target <input type="checkbox"/>2. Interviewed accused <input type="checkbox"/>3. Interviewed Bystanders <input type="checkbox"/>4. Contacted Parents of targeted individual (if applicable) <input type="checkbox"/>5. Contacted Parents of the accused (if applicable) <input type="checkbox"/>6. Creation of safety plan if necessary (signed and dated by those involved including parents) <input type="checkbox"/> |
| Supports - Supports provided for the targeted individual? |

| |
|---|
| |
| Support - What support is provided for the accused? |
| Support - What support is provided for the bystanders? |
| Restorative Practices - What will be done to encourage positive relationships between all involved? What can be done to assist in resolving and healing the conflict? |
| Consequences administered: |
| Additional Info: |

Administrator Name / Superintendent Name

Submit this form to Superintendent of Student Services or Superintendent of HR