OSSBA POLICY SERVICES

FB-E1

SEXUAL HARASSMENT INCIDENT REPORT FORM

Date:	Time:	Room/Location:		
Student(s) Initiating	g Alleged Sexual Ha	arassment:		
		Grade:	Class:	
		Grade:	Class:	
Student(s) Affected	1:			
		Grade:	Class:	
		Grade:	Class:	
Check all spaces b	elow that apply Adi	ult stated or identified inappropriate beh	aviore ac:	
Name Calling Stalking Inappropriate Staring/Leerin Writing/Graffit Threatening Taunting/Ridic	Gesturing g i culing Touching	Spitting Demeaning Comments Stealing Damaging Property Shoving/Pushing Hitting/Kicking Flashing a Weapon Intimidation/Extortion		
Witnesses Present:				
Physical evidence:	Graffiti Notes	E-mail Web sites	Video/audio ta	pe
Staff signature				
Parent(s) contacted:	Date	Time		***************************************
Administrative respo	nse taken:			
option Date: 9/11/	23	Revision Date(s):		Page 1 of 1