Panama Public Schools	FB-E1

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: