OSSBA POLICY SERVICES

FB-E1

SEXUAL HARASSMENT INCIDENT REPORT FORM

Date:	Ti	me:	Room/Location	n:	
Student(s) Initiating	ng Alleged Sexua	ıl Harassment	:		
			Grade:	Class:	
			Grade:	Class:	
Student(s) Affecte	ed:				
			Grade:	Class:	
			Grade:	Class:	
Check all spaces b Name Callir Stalking Inappropriat Staring/Leer Writing/Gra Threatening Taunting/Ri Inappropriat Other Describe the incid	ng te Gesturing ring ffiti diculing te Touching		or identified inappropriate behative and spitting and stealing and stealing and showing an	ion	
Witnesses Present	:				
Physical evidence			E-mail Web sites	-	_
Staff signature					
Parent(s) contacted	d: Date		Time		
Administrative res	sponse taken:				
					1
ption Date:			Revision Date(s):		Page 1 of 1