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3 **Sexual Harassment Reporting/Intake Form for Students**

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5 School _____ Date _____

6
7 Student's name _____

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9 • Who was responsible for the harassment or incident(s)? _____

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12 • Describe the incident(s). _____

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15 • Date(s), time(s), and place(s) the incident(s) occurred. _____

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20 • Were other individuals involved in the incident(s)? yes no
21 If so, name the individual(s) and explain their roles. _____

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26 • Did anyone witness the incident(s)? yes no
27 If so, name the witnesses. _____

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32 • Did you take any action in response to the incident? yes no
33 If yes, what action did you take? _____

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38 • Were there any prior incidents? yes no
39 If so, describe any prior incidents. _____

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42
43 Signature of complainant _____

44
45 Signatures of parents/legal guardians _____

46
47 *Retaliation is prohibited by federal law and district policy. The identity of the individual signing this form will*
48 *remain confidential in accordance with law and policy.*

49 Approved: 10/19/2020