

INCIDENT REPORT *This form is used to identify and report a possible incident of prohibited behavior.*

The [person who observes the conduct or receives information about the concern](#) should complete this form, not the targeted student or staff. Copies of this form should be forwarded to the Site or Department Level Case Manager (If required by your school district also forward this form to the Title IX Coordinator).

Date/Time of Report:		School/Dept.:	
Reporter Name:		Reporter Role:	
Reporter Phone:		Reporter Email:	
Date/Time of Incident:		Location of Incident:	

Name(s) of Target/Complainant:	Names(s) of Alleged Aggressor/Respondent:	Name(s) of Witnesses/Bystanders:

Staff-to-Staff / Staff-to-Student / Student-to-Student / Student-to-Staff

Check all behaviors that apply.

PHYSICAL CONDUCT - *harm to another's body or property*

- | | |
|---|---|
| <input type="checkbox"/> Threatening physical harm | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Making offensive gestures | <input type="checkbox"/> Slapping |
| <input type="checkbox"/> Blocking movement, cornering | <input type="checkbox"/> Kicking |
| <input type="checkbox"/> Starting a fight | <input type="checkbox"/> Tripping |
| <input type="checkbox"/> Shoving | <input type="checkbox"/> Biting |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Destroying or defacing property* |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Extortion* |
| <input type="checkbox"/> Hair pulling | <input type="checkbox"/> Theft* |
| <input type="checkbox"/> Other: | |

***Criminal Conduct/Mandatory Reporting**

- Arson*
- Assault with a weapon*
- Fondling*
- Inappropriate sexual touching*
- Sexual touching*
- Rape*
- Dating violence*
- Child sexual abuse*
- Sexual assault*

EMOTIONAL CONDUCT - *harm to another's self-worth, in person, or electronically*

- | | | |
|---|--|---|
| <input type="checkbox"/> Insulting gestures | <input type="checkbox"/> Insulting /degrading graffiti | <input type="checkbox"/> Insulting remarks related to disability, gender, or sexual orientation |
| <input type="checkbox"/> Insulting remarks | <input type="checkbox"/> Harassing and/or frightening phone calls, emails, texts, social media posts | <input type="checkbox"/> Threatening another to secure silence |
| <input type="checkbox"/> Dirty looks | <input type="checkbox"/> Cyberbullying or harassment | <input type="checkbox"/> Challenging in public |
| <input type="checkbox"/> Name calling | <input type="checkbox"/> Racial, sexual, ethnic, or religious slurs | <input type="checkbox"/> Unwanted sexually suggestive remarks, images, or gestures |
| <input type="checkbox"/> Taunting | | |
| <input type="checkbox"/> Defacing or falsifying schoolwork/work | | |
| <input type="checkbox"/> Other: | | |



SOCIAL (RELATIONAL) CONDUCT - *harm to another through damage (or threat of damage) to relationship or feelings of acceptance, friendship or group inclusion.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Using negative body language or facial expressions | <input type="checkbox"/> Insulting publicly | <input type="checkbox"/> Passively not including in group |
| <input type="checkbox"/> Gossiping | <input type="checkbox"/> Ignoring someone to punish or coerce | <input type="checkbox"/> Exclusion |
| <input type="checkbox"/> Starting / spreading rumors | <input type="checkbox"/> Cyberbullying or harassment | <input type="checkbox"/> Ostracizing / total group rejections |
| <input type="checkbox"/> Playing mean tricks / pranks | <input type="checkbox"/> Threatening to end a relationship | <input type="checkbox"/> Arranging public humiliation |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Undermining other relationships | |

Staff-to-Staff / Staff-to-Student

Check all behaviors that apply.

BOUNDARY CROSSING BEHAVIORS

****Criminal Conduct/Mandatory Reporting***

- | | | |
|--|--|--|
| <input type="checkbox"/> Overly personal comments | <input type="checkbox"/> Personal communication by electronic communication | <input type="checkbox"/> Gift giving |
| <input type="checkbox"/> Discussing personal life with student / subordinate | <input type="checkbox"/> Cards, notes, texts that are sexual in nature / inappropriate | <input type="checkbox"/> Meetings in isolated locations |
| <input type="checkbox"/> Inappropriate jokes / comments | <input type="checkbox"/> Repetitive one-on-one interaction | <input type="checkbox"/> Favoritism by gender |
| <input type="checkbox"/> Special attention / activities | <input type="checkbox"/> Rides home | <input type="checkbox"/> Possessing / showing sexual images* |
| <input type="checkbox"/> Personal communication by social media | | <input type="checkbox"/> Inappropriate touching* |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Sexual contact* |

(Use this space for brief comments to supplement checked box(es) above. Do not interview the target of the prohibited behavior to get additional information, only report what you saw or were told.)

Please attach any supporting documentation

Signature of Person Completing Incident Report

Date

OFFICE USE ONLY

Received by:	Title:	Date:
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Criminal conduct or child abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Law enforcement/child welfare contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted:	
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Information about the potential target/complainant:			
Grade/Age	Gender	Race	Currently enrolled or employee?
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Information about the potential aggressor/respondent:			
Grade/Age	Gender	Race	Currently enrolled or employee?
	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other
			<input type="checkbox"/> Yes <input type="checkbox"/> No

