



Godfrey-Lee Public Schools

Harassment Incident Report

Building Name: _____

Today's Date: _____

DATE OF INCIDENT	TIME	PLACE	
____/____/____ mm dd yyyy	<input type="checkbox"/> School hours <input type="checkbox"/> Non-school hours	<input type="checkbox"/> On campus <input type="checkbox"/> On school bus	<input type="checkbox"/> Off campus – school event <input type="checkbox"/> Directly to & from school

INCIDENT	TYPE
<p align="center">Nature of the allegation (check all that apply)</p> <input type="checkbox"/> Verbal Conduct – slurs, threats, etc. <input type="checkbox"/> Written Conduct – notes, letters, etc. <input type="checkbox"/> Visual Conduct – body language, gestures, intimidation, etc. <input type="checkbox"/> Physical Conduct – assault, battery, etc. <input type="checkbox"/> Other: _____	<p align="center">Civil Rights Basis (check all that apply)</p> <input type="checkbox"/> Race <input type="checkbox"/> Sex <input type="checkbox"/> Ethnicity <input type="checkbox"/> National Origin <input type="checkbox"/> Religion or Creed <input type="checkbox"/> Ancestry <input type="checkbox"/> Other: _____
<p align="center">Please attach written statements of reporter, victim, accused person and any known witnesses.</p>	<p align="center">Date reported to police (if applicable)</p> <p align="center">____/____/____ mm dd yyyy</p>

SUSPECT(S)

Suspect No. 1	Suspect No. 2	Suspect No. 3
<input type="checkbox"/> Student at this school <input type="checkbox"/> Employee of this school <input type="checkbox"/> Other: _____ Name: _____	<input type="checkbox"/> Student at this school <input type="checkbox"/> Employee of this school <input type="checkbox"/> Other: _____ Name: _____	<input type="checkbox"/> Student at this school <input type="checkbox"/> Employee of this school <input type="checkbox"/> Other: _____ Name: _____

Victim	Witness(es)	Resolution
Name: _____ Gender: _____ Ethnicity: _____ <input type="checkbox"/> Student at this school <input type="checkbox"/> Employee of this school <input type="checkbox"/> Other: _____	Name: _____ Name: _____ Name: _____ Name: _____	<p align="center">Please check one:</p> <input type="checkbox"/> Informal <input type="checkbox"/> Formal <input type="checkbox"/> Complaint dropped <input type="checkbox"/> Other: _____

_____ <i>Signature of person filling out form</i>	_____ <i>print name</i>	_____ <i>phone no.</i>
_____ <i>Signature of administrator</i>	_____ <i>print name</i>	_____ <i>phone no.</i>