

INCIDENT REPORT (FORM A)

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 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:	

Names of potential target/complainant:	Name(s) of potential aggressor/respondent:	Name(s) of witnesses/bystanders:

Staff-to-Staff, Staff-to-Student, Student-to-Student, or Student-to-Staff <i>Check all behaviors that apply</i>			
PHYSICAL CONDUCT – Harm to another’s body or property		*Criminal Conduct/Mandatory Reporting	
<input type="checkbox"/> Threatening physical harm <input type="checkbox"/> Making offensive gestures <input type="checkbox"/> Blocking movement, cornering <input type="checkbox"/> Starting a fight <input type="checkbox"/> Shoving	<input type="checkbox"/> Pushing <input type="checkbox"/> Pinching <input type="checkbox"/> Scratching <input type="checkbox"/> Hair pulling <input type="checkbox"/> Spitting <input type="checkbox"/> Slapping <input type="checkbox"/> Kicking <input type="checkbox"/> Tripping	<input type="checkbox"/> Biting <input type="checkbox"/> Hitting <input type="checkbox"/> Destroying or defacing property* <input type="checkbox"/> Extortion* <input type="checkbox"/> Theft* <input type="checkbox"/> Arson* <input type="checkbox"/> Assault with a weapon*	<input type="checkbox"/> Fondling* <input type="checkbox"/> Inappropriate sexual touching* <input type="checkbox"/> Sexual touching* <input type="checkbox"/> Rape* <input type="checkbox"/> Dating violence* <input type="checkbox"/> Domestic violence* <input type="checkbox"/> Child sexual abuse* <input type="checkbox"/> Sexual assault* <input type="checkbox"/> Other:
EMOTIONAL CONDUCT – Harm to another’s self-worth, in person or electronically			
<input type="checkbox"/> Insulting gestures <input type="checkbox"/> Insulting remarks <input type="checkbox"/> Dirty looks <input type="checkbox"/> Name calling <input type="checkbox"/> Taunting	<input type="checkbox"/> Defacing or falsifying schoolwork or work <input type="checkbox"/> Insulting/degrading graffiti <input type="checkbox"/> Harassing and/or frightening phone calls, emails, texts, social media posts	<input type="checkbox"/> Cyber harassment or bullying <input type="checkbox"/> Racial, sexual, ethnic, or religious slurs <input type="checkbox"/> Insulting remarks related to disability, gender or sexual orientation	<input type="checkbox"/> Threatening another to secure silence <input type="checkbox"/> Challenging in public <input type="checkbox"/> Unwanted sexually suggestive remarks, images or gestures <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"/> Playing mean tricks	<input type="checkbox"/> Threatening to end a relationship	<input type="checkbox"/> Exclusion
<input type="checkbox"/> Gossiping	<input type="checkbox"/> Insulting publicly	<input type="checkbox"/> Undermining other relationships	<input type="checkbox"/> Ostracizing/total group rejection
<input type="checkbox"/> Starting/spreading rumors	<input type="checkbox"/> Ignoring someone to punish or coerce	<input type="checkbox"/> Passively not including in group	<input type="checkbox"/> Arranging public humiliation
	<input type="checkbox"/> Cyberbullying or harassment		<input type="checkbox"/> Other:

Staff-to-Staff or Staff-to-Student
Check all behaviors that apply

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

(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/	Gender	Race	Currently enrolled or employee?

Age	<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
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