

SEX HARASSMENT SCHOOL INVESTIGATION FORM

School Personnel Completing Form: _____ Position: _____

Today's date: _____ / _____ / _____
Month Day Year

School Building _____

School District: _____

Person Reporting Incident Name: _____

Telephone: _____ E-mail: _____

Place an **X** in the appropriate box: ☐ Student ☐ Student (Witness/Bystander) ☐ Parent/guardian/relative ☐ School Staff

1. Name of student victim: _____ Age: _____ Days absent as a result of the incident: _____
(Please print)

2. Name(s) of alleged offender(s) (If known):	Age	School	Is he/she a student?	Days absent due to incident
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

(Please print)

Total number of alleged offenders: _____

3. Description of the harassment _____

(Attach a separate sheet if necessary)

INVESTIGATION

4. What actions were taken to investigate this incident? (choose all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Interviewed student victim | <input type="checkbox"/> Interviewed student victim's parent/guardian |
| <input type="checkbox"/> Interviewed alleged offender(s) | <input type="checkbox"/> Interviewed alleged offender's parent/guardian |
| <input type="checkbox"/> Interviewed witnesses | <input type="checkbox"/> Examined physical evidence |
| <input type="checkbox"/> Witness statements collected in writing | <input type="checkbox"/> Conducted student record review |
| <input type="checkbox"/> Interviewed school nurse | <input type="checkbox"/> Obtained copy of police report |
| <input type="checkbox"/> Reviewed any medical information available | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Interviewed teachers and/or school staff | |

4. Why did the harassment occur? _____

5. What corrective actions were taken regarding the aggressor in this case (choose all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> None were required, this was a false allegation | <input type="checkbox"/> Parent letter |
| <input type="checkbox"/> None, the incident did not warrant any corrective action | <input type="checkbox"/> Parent phone call |
| <input type="checkbox"/> Student conference | <input type="checkbox"/> Parent conference |
| <input type="checkbox"/> Student warning | <input type="checkbox"/> IEP team meeting scheduled to address behaviors |
| <input type="checkbox"/> Letter of apology | <input type="checkbox"/> Detention |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> In-school suspension |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Out-of-school suspension/expulsion |
| <input type="checkbox"/> Social skills training | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Behavior Contract | |

6. What actions were taken to assist the victim in this case (choose all that apply)?

- ☐ Consequence for making a false allegation (specify) _____
- ☐ Counseling of victim
- ☐ Social skills training for victim
- ☐ Academic assistance (if incident affected victim's academic performance) (specify) _____
- ☐ Structured adult mentoring (such as check-in/check-out)
- ☐ Increased supervision of student in certain environments (specify where and who will supervise): _____
- _____
- ☐ Structured adult mentoring (such as check-in/check-out)
- ☐ IEP team meeting scheduled to address effects
- ☐ Other (specify) _____

7. Additional pertinent information gained during the interview : _____

(Attach a separate sheet if necessary)

8. Investigator notes: _____

(Attach a separate sheet if necessary)

9. What additional actions will be taken to follow up on this incident?

- ☐ None necessary
- ☐ Investigator will follow up with victim on _____
- ☐ Investigator will follow up with aggressor on _____
- ☐ Small group social skills training (specify training and group that will be trained) _____
- ☐ School-wide bullying and harassment training
- ☐ Staff will observe and report to Investigator by (specify timeline and method of communication) _____
- _____
- ☐ Other (specify) _____

Signature: _____ Date: _____

Adopted: November 10, 2014
Reviewed: December 11, 2017