**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**

**Report of Suspected Harassment**

**Date:**   /  /

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| **Incident Information** | |
| **Date of Incident(s):** | **School:** |
| **Name of Complainant:** | **Grade:** |
| **Name of Respondent:** | **Grade:** |
| **Person Reporting Harassment:** | **Phone:** |

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| --- | --- | --- | --- | --- |
| **Type of Harassment** | | | | |
| Sexual or Gender-based | Race/Ethnicity | Special needs or disability | Religion | Other |

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| --- | --- | --- |
| **Location** (check all that apply) | | |
| Classroom/Hallway | Restroom | Off Campus |
| Gym/Locker Room | Playground/Field | Email/Text/Social Media |
| Cafeteria | Field Trip/Activity/Event | Other: |

|  |  |
| --- | --- |
| **Frequency** | |
| One Instance | Ongoing/Repetitive |

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| --- |
| **Please Describe the Incident(s) in More Detail:** |

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| --- | --- |
| **Person Completing Form** | |
| **Name of Person Completing Form**: | **Title**: |
| **Signature:** | **Phone:** |