**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:       |

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| **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:**        |