



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

## Report of Suspected Harassment

DATE: \_\_\_\_\_

**Directions:** Complete this form to report harassment. An investigation will be conducted to determine if harassment occurred and whether corrective actions are needed.

Date of Incident (s): \_\_\_\_\_ School: \_\_\_\_\_

Name of Student Victim: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Aggressor (s): \_\_\_\_\_ Grade: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Harassment**

Sexual Harassment/Gender Based     Race or Ethnicity     Special needs or disability     Religion     Other

**Location** (chose all that apply)

Classroom     Restroom     Off school property

Hallway     Playground/field     Email/text/computer

Lunch room     Field trip/activity/event     Other: \_\_\_\_\_

**Frequency**

One Instance     Ongoing or Repetitive

Please describe the incident in more detail. (Please attach a separate sheet if more space is needed)



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**  
**Harassment Investigation**  
**(To Be Completed by Administrator)**

<b>Summary of Findings and Resolution</b> (Please attach a separate sheet of paper if necessary ; including statements)

Was the complaint resolved at site level? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Support Services / Counseling Services</b>		
<input type="checkbox"/> Connect Center	<input type="checkbox"/> On-Site Support	<input type="checkbox"/> Outside Agency
<input type="checkbox"/> Student Support Center	Who _____	Where _____

<b>Person Reporting Harassment</b> (may not be the person completing this form)		
Name:	Phone:	Title:

<b>Administrator Completing This Form</b>	
Signature:	Date:

**Administrator to send copies of 1. Report of Suspected Harassment 2. Harassment Investigation to Title IX Compliance Officer, Stephan-Brown@SCUSD.edu**