



Cadillac Area Public Schools Sexual Harassment Incident Reporting Form

A. Reporter Information

- 1. Name of Reporter/Person Filing the Report:** _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report.)
- 2. Check whether you are the:**
 Target of the Behavior Reporter (not the target)
- 3. Check whether you are a**
 Student Staff member (specify role)
 Parent Administrator Other (specify) _____
- 4. If student, state school name:** _____ **Grade:** _____
- 5. If staff member, state school work site:** _____

B. Incident Information

- 1. Name of Target (of behavior):**
- 2. Name of Aggressor (Person engaging in behavior):**
- 3. Date(s) of Incident(s):**
- 4. Time of Incident(s):**
- 5. Location of Incident(s) (be as specific as possible):**

C. Witness Accounts (Full names and affiliation of people who saw the incident or have information about it):

- 1. Name:** _____ Student Staff Parent Other _____
- 2. Name:** _____ Student Staff Parent Other _____
- 3. Name:** _____ Student Staff Parent Other _____
- 4. Name:** _____ Student Staff Parent Other _____
- 5. Name:** _____ Student Staff Parent Other _____



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D. Incident Details

Describe the details of the incident (including names of the people involved, what occurred and what each person did and said, including specific words used). Please use additional space on back if necessary.

Signature of Person Filing this Report: _____ **Date:** _____
(Note: Reports may be filed anonymously.)

FOR ADMINISTRATIVE USE ONLY

Investigation and finding to be completed within 10 calendar days of intake

A. Form Given to: _____ **Position:** _____ **Date:** _____

B. Signature: _____ **Date Received:** _____

D. Investigation:

1. Investigator(s): _____ **Position:** _____

2. Interviews:

- Interviewed aggressor** **Name:** _____ **Date:** _____
- Interviewed target** **Name:** _____ **Date:** _____
- Interviewed witness** **Name:** _____ **Date:** _____
- Interviewed witness** **Name:** _____ **Date:** _____
- Interviewed witness** **Name:** _____ **Date:** _____
- Interviewed witness** **Name:** _____ **Date:** _____
- Interviewed witness** **Name:** _____ **Date:** _____



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3. Any prior documented incidents by the aggressor? Yes No

E. Summary of Investigation: (Please use additional paper and attach to this document as needed)

F. Conclusions From the Investigation:

1. Finding of Sexual Harassment/Violence (if yes, complete remainder of form):

- Yes No
- Incident documented as _____
- Discipline referral only _____

2. Was the conduct investigated in this incident filed under Title IX and/or criminal complaints?

- Title IX Criminal Neither

If yes, please identify individual(s) with whom complaint filed, including date:

4. Contacts:

- Target's parent/guardian _____ Date: _____
- Aggressor's parent/guardian _____ Date: _____
- Title IX Compliance Officer _____ Date: _____
- Central Office _____ Date: _____
- Law Enforcement (if applicable) _____ Date: _____



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5. Action Taken:

- Loss of Privileges Detention Community Service
 Education Suspension Other _____

6. Describe Safety Planning:

Follow-up with Target Scheduled for: _____

Initial & Date when completed: _____ Date: _____

Follow-up with Aggressor(s) Scheduled for: _____

Initial & Date when completed: _____ Date: _____

Report forwarded to Principal (initial): _____ **Date:** _____

Report forwarded to Superintendent (initial): _____ **Date:** _____

Signature and Title: _____ **Date:** _____

Revised 10/15