



HARASSMENT INCIDENT REPORT FORM
(To be completed and given to immediate supervisor)

Date: _____

Name of Victim(s): _____

Name of individuals involved: _____

Location of incident: _____

Witnesses: _____

Brief description of incident: _____

Was the incident reported immediately to principal or Director of Education/Designate?

Yes ___ No ___

What other follow up was taken?

What further follow-up is suggested? _____

Signature: _____

Date: _____