



**SACRAMENTO CITY UNIFIED SCHOOL DISTRICT**  
**Report of Suspected Harassment**

Date: \_\_\_\_\_

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

Type of Harassment
<input type="checkbox"/> Sexual or Gender-based <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Special needs or disability <input type="checkbox"/> Religion <input type="checkbox"/> Other

Location (check all that apply)
<input type="checkbox"/> Classroom/Hallway <input type="checkbox"/> Restroom <input type="checkbox"/> Off Campus
<input type="checkbox"/> Gym/Locker Room <input type="checkbox"/> Playground/Field <input type="checkbox"/> Email/Text/Social Media
<input type="checkbox"/> Cafeteria <input type="checkbox"/> Field Trip/Activity/Event <input type="checkbox"/> Other: _____

Frequency
<input type="checkbox"/> One Instance <input type="checkbox"/> Ongoing/Repetitive

<b>Please Describe the Incident(s) in More Detail:</b> _____
---

Person Completing Form
Name of Person Completing Form: _____    Title: _____
Signature: _____    Phone: _____