

Harassment Incident Reporting Form

1. These fields are *optional* (Follow up is limited if you choose to remain anonymous)

2. Incident Setting:

Name _____

Date _____

Cell Phone _____

Time _____

Email _____

Place _____

3. Describe what happened:

4. Other witnesses or people with knowledge regarding the incident:

5. Name(s) of the Harasser:

Name _____ ☐ Student ☐ Employee ☐ Other
Name _____ ☐ Student ☐ Employee ☐ Other

6. Was there an attempted intervention by anyone? If so, explain.

7. Any additional information you wish to provide?

Harassment Incident Reporting Form

(Employee Report of Student Complaint)

Name of Employee Filing the Report: _____

Extension: _____

Cell #: _____

Date of Incident _____

Time of Incident _____

Name of Student _____

Cell #: _____

(Optional)

Place of Incident _____

Describe the incident as told to you by the student:

What did you communicate to the student?

Further action steps recommended and/or taken:

Employee Contact Information:

Extension: _____

Cell Phone: _____

Employees are required to complete and submit any alleged reports of student harassment to the Associate Dean of Students.