Cadillac Area Public Schools
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:

2. Name of Aggressor:

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 __________
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
Signature: ____________________________________  Date Received: ____________

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: ________

3. Any prior documented incidents by the aggressor?  □ Yes  □ No
Summary of Investigation: (Please use additional paper and attach to this document as needed)

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: _____
   - Central Office ___________________________ Date: _____
   - Law Enforcement (if applicable) ___________________________ Date: _____
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: ________

Administrator Signature: _____________________________  Date: __________

Report reviewed by Title IX Coordinator (initial): ______  Date: __________
Report forwarded to Superintendent (initial): ______  Date: __________