

Alachua County Public Schools
Student Services Department

Checklist for Student-on-Student Sexual Harassment

School: _____ On Campus Off Campus

Location of Alleged Incident(s): _____

Date(s) of Incident(s): _____ Time(s) of Incident(s): _____

Alleged Victim

Name: _____

Age: _____ Grade: _____ Male/Female: _____

Home Address: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Alleged Perpetrator

Name: _____

Age: _____ Grade: _____ Male/Female: _____

Home Address: _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Complaint Received From: _____

SEXUAL HARASSMENT CHECKLIST (continued)

In determining if the harassment is either: sufficiently severe, persistent, or pervasive to limit a student's ability to participate in or benefit from the educational program; or has created a hostile or abusive environment, please consider the following (check all that apply):

- ____ 1. Was the harassment sexual in nature?
- ____ 2. Did the harassment occur on campus?
- ____ 3. Did the harassment occur at a school-related function, away from campus?
- ____ 4. Please reflect the type of harassment:
 - ____ a. Touching
 - ____ b. Verbal comments
 - ____ c. Written comments
 - ____ d. Visual harassment
 - ____ e. Other (describe)

- ____ 5. Was the conduct unwelcome?
- ____ 6. Do the concerned parties feel that the threat continues?

Describe the incident(s). Attach additional pages as necessary.

List witnesses [attach Witness Statement Form(s)]:

REMEMBER TO CONTACT ALL PARENTS

Contact Made / Attempted:

Alleged Victim's Parent/Guardian: Date _____ Time _____ Method _____

Name of person contacted: _____

Alleged Perpetrator's Parent/Guardian: Date _____ Time _____ Method _____

Name of person contacted: _____

Outcome of Investigation:

Counselor's Signature

Print Name