

HERNANDO COUNTY SCHOOL DISTRICT

Bullying/Harassment/Teen Dating Violence Reporting Form

If you have information regarding bullying/harassment/teen dating violence, please fill out the following form to the best of your knowledge (employees are mandated to report bullying). Please note that this form can be completely anonymous. *(For the purpose of this form, bullying encompasses bullying/harassment and Teen Dating Violence.)*

Person completing form:

Date: _____

- Victim (student)
 Faculty Member
 Student
 Bus Driver
 Witness
 Victim (staff member)
 Parent/Guardian
 Other

VICTIM NAME (last, first, middle)	<u>SEX</u>	<u>TEACHER/GRADE</u>	<u>AGE</u>
BULLY NAME (last, first, middle)(If name not know, please provide physical description and any identifying traits)	<u>SEX</u>	<u>TEACHER/GRADE</u>	<u>AGE</u>
SCHOOL/SITE			
ADMINSTRATOR/PRINCIPAL/SUPERVISOR			

- Where did the incident occur?
- | | | |
|---------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> classroom | <input type="checkbox"/> hallway | <input type="checkbox"/> cafeteria |
| <input type="checkbox"/> locker room | <input type="checkbox"/> bus loop | <input type="checkbox"/> bus |
| <input type="checkbox"/> media center | <input type="checkbox"/> PE Field | <input type="checkbox"/> gym |
| <input type="checkbox"/> other _____ | | |

Is anyone in immediate danger? YES NO If yes, contact proper authorities such as law enforcement immediately. If an emergency is imminent, please call 9-1-1 immediately and locate and notify school staff as soon as possible.

Please describe, in as much detail as possible, what happened (attach additional paper if necessary).

Do you know any of the witnesses involved? If so, please provide their names and as much detail as possible about them.

List evidence of bullying, and attach if possible.

- Note
 E-mail
 Text Message
 Photos/Video
 Web Page: _____
 Other, Please list _____

Thank you for your assistance in this matter. This information will be relayed to the appropriate officials and a prompt investigation will be performed.

For Office Use Only	
Date Received:	
Received by:	

List any witnesses' names and grades (if applicable): _____

List of evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible): _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Printed Name

Date

Signature

Printed Name of Person Receiving Bullying Complaint Form

Date

Title/School

Note: The person receiving this complaint must initiate a Bullying/Harassment/Teen Dating Violence Investigation Report (SO-SS-111 Revised).

Signature

Please sign below if you wish no formal disciplinary action taken:

Signature

Date