TAYLOR COUNTY SCHOOL DISTRICT

BULLYING / HARASSMENT REPORT FORM

Directions: Harassment and intimidation (bullying) are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) that might occur on school property, at a school-sponsored activity or event off school property, on a school bus, or on the way to and/or from school, during the current school year. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, and wish to report an incident of alleged harassment or intimidation (bullying), complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Harassment and intimidation (bullying) means conduct, including verbal conduct, that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

Date of Report: _____

School: _____

Person Reporting: _____

Relationship to Student: ☐ Student ☐ Parent/Guardian ☐ Relative ☐ Staff ☐ Other _____

Phone: _____

Email: _____

Student Information

Student Victim: _____

Grade: _____

Alleged Offender(s): _____

Incident Information

Date of Incident: _____

Location (Check all that apply):

☐ School Property

☐ School Activity/Event

☐ School Bus

☐ Bus Stop

☐ To/From School

☐ Online/Cyber

☐ Other _____

Type of Behavior (Check all that apply)

☐ Physical Aggression

☐ Threats/Intimidation

☐ Teasing or Name Calling

☐ Social Exclusion

☐ Rumors/Gossip

☐ Cyberbullying

☐ Property Damage

☐ Other _____

Brief Description of Incident

Witnesses (if any)

Impact on Student

Was the student physically injured? ☐ Yes ☐ No

Did the incident cause emotional distress? ☐ Yes ☐ No

Was the student absent because of the incident? ☐ Yes ☐ No

If yes, number of days: _____

Additional Information

Signature

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

For School Use Only

Date Received: _____

Received By: _____

Investigation Completed: ☐ Yes ☐ No

Action Taken: _____

Date Closed: _____

Confidential: This form will be maintained in accordance with FERPA, Florida law, and Taylor County School District policy.