



BULLYING COMPLAINT FORM

Jamari Terrell Williams Student Bullying Prevention Act #2018-472

This form may be used by a student or a student’s parent or guardian, and not by an education employee on behalf of an affected student or his or her parent or guardian, to submit a complaint regarding Bullying, Intimidation, Violence, and Threats of Violence as defined by state law and school system policy (**Board Policy 6.24 [Jamari Terrell Williams Student Bullying Act Policy]**).

The affected student, or the parent or guardian of the affected student, must submit this form to the school’s Principal or his/her designee in person or by United States postal mail. The principal/designee is responsible for the investigation. Please complete the entire form.

Anonymous reports will not be the basis for imposing disciplinary action against a student. Reprisal or retaliation against any person who reports an act of intimidation, violence, threat of violence, or bullying, is prohibited and appropriate remedial action will be taken against a person who engages in such reprisal or retaliation.

Today’s date _____/_____/_____ School: _____

PERSON REPORTING INCIDENT: Student Parent/Guardian

Name of alleged student victim: _____ Age: _____ Grade: _____

Name(s) of alleged offender(s), if known	Grade	School	Is he/she a student?	
			Yes	No

Name(s) of alleged witness(es), if known	Grade	School

Date(s) on which alleged incident(s) happened			Where did the alleged incident happen? (Check all that apply for each listed date.)						
Month	Day	Year	On school property but not via Internet	At a school-sponsored activity or event off school property	On a school bus	On the way to/from school property	Made off school property but not via Internet	Made via Internet – sent from school property	Made via Internet – sent from a location off school property

In what form did the alleged incident occur? (Choose all that apply.)

____ Written whether hand-written or printed text ____ Electronic ____ Verbal ____ Physical

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Place a check next to the statement(s) that best describe(s) what happened. (Choose all that apply.)

- Any bullying, harassment, or intimidation that involves physical aggression
- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim the object of jokes
- Making rude and/or threatening gestures
- Intimidating, bullying, extorting, or exploiting
- Spreading harmful rumors or gossip
- Cyberbullying (e. g., social media including Facebook, X (formerly Twitter), Snapchat, Instagram, Kik, etc.)
- Sexual in nature
- Related to the student's perceived sexual orientation
- Excluding or rejecting the student
- Related to the student's disability
- Electronic or written communication (e. g. e-mail, text, sexting, etc.)
- Racial harassment
- Sexual harassment
- Other _____

Why do you believe that the bullying, harassment, or intimidation occurred? (Choose all that apply.)

- | | |
|---------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Family/parent/material status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Poverty/socioeconomic status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Language |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Immigration Status | <input type="checkbox"/> Age |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Just to be mean |
| <input type="checkbox"/> Gender | <input type="checkbox"/> To Impress Others |
| <input type="checkbox"/> Gender Identify | <input type="checkbox"/> Unknown Reason |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Another Reason (specify below) |
- _____

Describe the incident(s), including what the alleged offender(s) said or did. (Please print.)

Did a physical injury result from this alleged incident? (only select one response)

- No Yes, but it did not require medical attention Yes, and it required medical attention

To your knowledge, has the alleged victim threatened suicide?

- No
- Yes (Check all that apply.)
- In writing, whether hand-written or printed text
 - Electronic
 - Verbal
 - Physical

Is there any additional information that you would like to provide? (Please print.)

(Attach a separate sheet if necessary.)

By signing below you agree that all of the information on this form is accurate and true to the best of your knowledge.

Printed name: _____ Signature: _____ Date: _____