

LIBERTY COUNTY SCHOOL DISTRICT

Post Office Box 429 ~ 11051 NW SR 20 ~ Bristol, FL 32321 Phone: (850) 643-2275 ~ Fax: (850) 643-2533 ~ www.lcsb.org

Bullying Anonymous Reporting Form

If you have information regarding bullying and would like to report this information anonymously, please fill out the following form to the best of your knowledge. Please note that this form is completely anonymous.

(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)

VICTIM'S NAME (last,	first)		SEX	GRADE	AGE	
ACCUSED'S NAME (las	st, first)		SEX	GRADE	AGE	
SCHOOL	ieni (* s.d.	SCHOOL TELEPHONE (850) -				
PRINCIPAL			TODAY'S DA	TODAY'S DATE / /		
Where did the inciden	it occur?					
When did the incident occur? Date: Time:					· · · · · ·	
Please describe, in as a	much detail as possibl	le, what happened				
Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.						
List evidence of bullying	ng if any (i.e. letters, p	hotos, etc. – attac	h evidence if possible)			
Thank you, this report we their home school or the			s. If you fear a student is	in IMMEDIATE d	anger, contact	
their norme school or the	знени з рерактепст	For Office Use	Only			
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Date Received:						
Received by:						