DALE COUNTY BOARD OF EDUCATION

STUDENT BULLYING/HARASSMENT COMPLAINT FORM

****NOTE: IF YOU ARE REPORTING A SUICIDE THREAT, PLEASE FILL OUT THE INFORMATION REQUESTED ON THE SECOND PAGE OF THIS FORM.**

Name of Student Registering Complaint _____
Last First MI

Student ID#_____

School: _____

Infraction Reported By: ____**Student** ____**Parent/Guardian**

Date of Incident _____ **Time:** _____

Description/Other Information/Please used attachments if necessary:

_____

_____

_____

The Jamari Terrell Williams Student Bullying Prevention Act, No. 2018-472, defines bullying as a continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, cyberbullying or written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the policy adopted by the Dale County Board of Education.

To constitute bullying, a pattern of behavior may do any of the following:

a. Place a student in reasonable fear of harm to his or her person or damage to his or her property.

b. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.

c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.

d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.

e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student_____ Date: _____
Or Parent/Guardian_____ Date: _____

**Please note that the submission of a complaint does not automatically substantiate that misconduct has occurred. The school administration has the prerogative to investigate any allegations of wrongdoing.

DALE COUNTY BOARD OF EDUCATION

SUICIDE THREAT REPORT FORM

SUICIDE THREAT: IF YOU OR SOMEONE ELSE HAVE THREATENED SUICIDE, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE AND IMMEDIATELY NOTIFY YOUR SCHOOL PRINCIPAL AND/OR GUIDANCE COUNSELOR

Who Threatened Suicide? _____

When was the threat made? _____

Where was threat made? _____

Where is this person now? _____

Does this person have a weapon on campus? _____

Name of witnesses/students aware of this situation. _____

_____

_____

Other details of threat? _____

_____

_____

_____

_____

_____

_____

_____

(Signature of Student or Legal Guardian)

Received by _____ on this _____ day of _____, 2____.

(Administrator or Counselor)