**Monroe County School District**

**Bullying or Harassment Reporting Form**

**Middle and High School and Employee**

This form should be used to report a possible incident of bullying as defined in the Monroe County School District’s Policy Prohibiting Bullying and Harassment.

**Any student can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. This form may be dropped or mailed to the school or district office.**

**PLEASE PRINT**

Your name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of student(s) accused of bullying and/or harassment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the first time you have been bullied or harassed? YES\_\_\_\_\_ NO\_\_\_\_\_

If NO, is the bullying by the same person(s) or a different person(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were any of these incidents previously reported? No\_\_\_\_ Yes\_\_\_\_ To whom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the incidents happen (choose all that apply)

 On school property At a school-sponsored activity or event off of school property On the computer

 On a school bus On the way to/from school At the bus stop Other:\_\_\_\_\_\_\_\_

On what dates did the incidents happen?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose the statement(s) that best describes what happened (choose all that apply)

 Teasing Threat Stalking Theft Cyberbullying

 Social exclusion Intimidation Physical violence Public humiliation Other\_\_\_\_\_\_\_

What did the alleged offender(s) say or do?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Were there any witnesses? Yes\_\_\_\_\_ No\_\_\_\_\_ Please list detail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of student/employee completing this form (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, contact a trusted adult, their home school, the police or the Monroe County School District at (305) 293-1400 ext 53379 immediately!

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**For Office Use Only**

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| **Date Received:** |  |
| **Received By:** |  |

Form 1b 5/31/13