



SCHOOL BOARD OF BREVARD COUNTY, FLORIDA REPORTING FORM

DIRECTIONS: A student, parent/guardian, witness, Brevard Public Schools staff member, or volunteer may file a report of bullying, harassment, violence or abuse with a school official or anonymously through SPEAKOUT hotline at 1-800-423-TIPS or via the FORTIFY FL app. This reporting form will be reviewed to determine the most appropriate BPS policy and/or procedure to investigate, such as bullying, harassment, sexual harassment, threat assessment, and/or the BPS discipline policy. Additional steps will be taken per district policy and procedure with the intent of resolving the problem.

Today's Date: _____ School: _____

Student's Name: _____ Grade: _____

Person completing form: _____

Are you a: ☐ Student ☐ Parent/Legal Guardian ☐ Teacher/Staff ☐ Bus Driver ☐ Other: _____

Contact Email: _____ Contact Phone: _____

Name of person bothering the student: _____ Grade: _____

Was anyone else involved? (other potential victims or other alleged offenders) _____

If you are completing this form for someone else, are you an eyewitness? ☐ Yes ☐ No

Name(s) of anyone who saw what happened: ☐ NONE _____

1. Nature of Report: **Choose all that apply and/or describe the exact words or behaviors used under "Other."**

- | | | |
|--|---|---|
| ☐ Teasing | ☐ Being left out on purpose | ☐ Threats |
| ☐ Gossip/Rumors | ☐ Name calling | ☐ Sexual Harassment |
| ☐ Shoving/Pushing | ☐ Discrimination | ☐ Sexual Assault |
| ☐ Hitting/Kicking | ☐ Public/private humiliation | ☐ Domestic/Dating Violence |
| ☐ Destruction of property | ☐ Hazing | ☐ Stalking |
| ☐ Theft | ☐ Insults | ☐ Social Media Misuse |
| ☐ Other: _____ | | |

2. When did this happen? Date(s): _____

3. How many times have issues come up with the same student(s) **before** this incident?

- ☐ One (1) ☐ Two (2) ☐ Three or more (3 or more)

4. Describe what happened. Attach a separate sheet, if necessary.

5. Where did this happen? *Choose all that apply.*

- ☐ Classroom ☐ Restroom ☐ Playground ☐ School-related event
☐ Hallway ☐ Cafeteria ☐ School Bus ☐ Off campus: _____
☐ Bus Stop ☐ Online (E-mail, text messages, and/or social media)
☐ Other: _____

6. Describe any imbalance of power that might exist between the offender(s) and you/the student.

7. Do you feel that the behaviors that occurred were purposeful in nature? Meaning, did the offender(s) intend to cause harm? ☐ Yes ☐ No If yes, please explain:

8. Explain how this behavior affected you, the student. Has this impacted your ability to be successful in school?

9. Have you reported prior problems with this student to a teacher, principal, or other staff before?

- ☐ Yes ☐ No If yes, who did you report it to, and what was done to help you? _____

10. Do you have any evidence that you would like to submit with this reporting form? ☐ Yes ☐ No
If yes, please select which documentation you will provide.

- ☐ Pictures ☐ E-mails ☐ Notes ☐ Texts ☐ Screenshots ☐ Other: _____

11. Please add any additional helpful information.

12. What would you like us to do to help?

For reports of Sexual Harassment, as defined in Brevard Public Schools Policy 2266, do you as the complainant and/or parent/guardian want the school to conduct a formal investigation? ☐ Yes ☐ No

****The District Title IX Coordinator has the discretion to file a formal complaint on behalf of the complainant and/or dismiss a formal complaint under the provisions described within Brevard Public Schools Policy 2266, Subsection I, Dismissal of a Formal Complaint (Mandatory or Permissive).***

I certify that, to the best of my knowledge and belief, that the information provided by me on this form is "true and correct" and not a "false statement or charge" to the best of my knowledge. Providing false information may lead to discipline pursuant to federal and state law and/or regulations.

Signature

Date

FOR SCHOOL ADMINISTRATOR USE ONLY

Date Received: _____ Received By: _____

Type of Report:

☐ Bullying/Harassment ☐ Title IX * ☐ Threat Assessment ☐ Discipline

☐ Referred to Law Enforcement ☐ Other: _____

OPTIONAL: District consultation? ☐ Yes ☐ No If yes, whom? _____ Date: _____

****INVESTIGATORS MUST HAVE COMPLETED ANNUAL TRAINING***