



# 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 whether it meets the criteria for 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 to resolve the problem.

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Student 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, other alleged offenders) \_\_\_\_\_

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

Name(s) of anyone who saw what happened:  NONE \_\_\_\_\_

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

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

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, social media)
- Other: \_\_\_\_\_

6. FOR BULLYING COMPLAINTS, COMPLETE THE FOLLOWING SECTION:

- This is NOT a bullying complaint. (skip to #7)
- REPEATED BEHAVIOR** ~ This behavior has been repeated over time.

Describe: \_\_\_\_\_

- IMBALANCE OF POWER** ~ The alleged offender has more physical or social power.

Describe: \_\_\_\_\_

- PURPOSEFUL** ~ This behavior is intentionally hurtful and meant to cause harm.

Describe: \_\_\_\_\_

7. How has this behavior affected you/the student? (Academically, School Engagement, Fear of harm to you or property)

8. 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?

9. Do you have any documentation to support your report?  Yes  No

If yes, please select what documentation you will provide.

- Pictures
- E-mails
- Notes
- Texts
- Screenshots
- Other: \_\_\_\_\_

10. Please add any additional helpful information.

11. 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 ADMINISTRATOR USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Type of Report:

- Bullying \*  Harassment \*  Title IX \*  Threat Assessment  Discipline
- Referred to Law Enforcement  Other: \_\_\_\_\_

**(If the reported incident does not meet the elements of bullying (repeated, imbalance of power, & purposeful), administrators must evaluate the report using the criteria for harassment in policy 5517.01.)**

OPTIONAL: District consultation?  Yes  No *If yes, whom?* \_\_\_\_\_ *Date:* \_\_\_\_\_

***\*INVESTIGATORS MUST BE TRAINED***