



# BREVARD PUBLIC SCHOOLS STUDENT REPORTING FORM

For a report of student-related bullying, sexual harassment, other forms of harassment, and teen dating violence and abuse. This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g. A student can report bullying or harassment by talking to an adult at school or completing this form and returning it to the dean, assistant principal, or principal. A parent can place this form in the school's drop off spot for anonymous reporting. If giving an oral report, a school administrator should complete this form.

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Your Name \_\_\_\_\_  
(Please print)

Were you an eye witness?  No  Yes

If no, who reported it to you? \_\_\_\_\_

Who does this involve? \_\_\_\_\_

What happened? Choose all that apply and describe the exact words or behaviors used under "Other"

- Teasing
- Hitting or kicking
- Gossip and rumors being spread
- Made fun of
- Name calling
- Being left out on purpose
- Shoving or pushing
- Getting someone in trouble
- E-mail, Facebook®, text message (Print all messages and attach)
- Other (specify) \_\_\_\_\_

Describe what happened (the most recent incident).  
\_\_\_\_\_  
\_\_\_\_\_ (attach a separate sheet, if necessary)

When did this happen? Date: \_\_\_\_\_

Where did this happen?

- On school property – (if you check this box list the location at school) \_\_\_\_\_
- On a school bus
- At school-sponsored activity or event off school property
- On the way to / from school
- Other \_\_\_\_\_

What have you done to try to stop his/her behavior? \_\_\_\_\_

Is there anyone who witnessed this behavior? \_\_\_\_\_

How has this incident affected you? \_\_\_\_\_

Have you reported prior problems with this student(s) to a teacher, principal, or other school staff before?

- No
- Yes (If yes, who did you report it to?) \_\_\_\_\_

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

Check most appropriate number of incidents.  One (1)  Two (2)  Three or more (3 or more)

Describe the details prior to incident including: the date it occurred, students involved, witnesses to incident, where it happened, adult or school employee you reported it to and what they did to help etc.:

Second Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Third Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like us to do to help? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Your Signature*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

***Thank you. This report will be investigated.  
If you think you are in danger, please contact a trusted adult right away!***

.....  
**FOR ADMINISTRATOR USE ONLY**

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

Administrative Findings     No further action required.     Further investigation required. Use *Incident Investigation Form 4*

***This report must be attached to Incident Investigation Form 4***