



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."**

- | | | |
|--------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Being left out on purpose | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Gossip/Rumors | <input type="checkbox"/> Name calling | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Shoving/Pushing | <input type="checkbox"/> Discrimination | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Hitting/Kicking | <input type="checkbox"/> Public/private humiliation | <input type="checkbox"/> Domestic/Dating Violence |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Hazing | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Insults | |
| <input type="checkbox"/> 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.

- | | | | |
|---------------------------------------|-----------------------------------------------------------------------|-------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Restroom | <input type="checkbox"/> Playground | <input type="checkbox"/> School-related event |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> School Bus | <input type="checkbox"/> Off campus: _____ |
| <input type="checkbox"/> Bus Stop | <input type="checkbox"/> Online (E-mail, text messages, social media) | | |
| <input type="checkbox"/> 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***