



**THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA  
PARENT/TEACHER/BUS DRIVER/OTHER STAFF REPORTING FORM**

*For a report of student-related bullying, sexual harassment, or other forms of harassment. This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g.*

***A parent 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)

**Contact Name** \_\_\_\_\_ **Contact Phone** \_\_\_\_\_  
(Please print)

**Contact Email:** \_\_\_\_\_

**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 \_\_\_\_\_

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

**How has this incident affected the student?** \_\_\_\_\_

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please add additional helpful information.** \_\_\_\_\_

\_\_\_\_\_

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

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

*Thank you. This report will be investigated.*

**FOR ADMINISTRATOR USE ONLY**

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

Does behavior warrant disciplinary action?  Yes  No

Administrative Findings

No further action required.  Further investigation required – Complete investigation process (See Form 4)

The results of this investigation may be appealed by contacting the school principal.