

# HERNANDO COUNTY SCHOOL DISTRICT

## Bullying/Harassment/Teen Dating Violence Reporting Form



If you have information regarding bullying/harassment/teen dating violence, please fill out the following form to the best of your knowledge (employees are mandated to report bullying). Please note that this form can be completely anonymous. *(For the purpose of this form, bullying encompasses bullying/harassment and Teen Dating Violence.)*

Person completing form:

Date: \_\_\_\_\_

- Victim (student)     
  Faculty Member     
  Student     
  Bus Driver     
  Witness  
 Victim (staff member)     
  Parent/Guardian     
  Other

VICTIM NAME (last, first, middle)	<u>SEX</u>	<u>TEACHER/GRADE</u>	<u>AGE</u>
BULLY NAME (last, first, middle)(If name not know, please provide physical description and any identifying traits)	<u>SEX</u>	<u>TEACHER/GRADE</u>	<u>AGE</u>
SCHOOL/SITE			
ADMINSTRATOR/PRINCIPAL/SUPERVISOR			

- Where did the incident occur?
- |                                       |                                   |                                    |
|---------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> classroom    | <input type="checkbox"/> hallway  | <input type="checkbox"/> cafeteria |
| <input type="checkbox"/> locker room  | <input type="checkbox"/> bus loop | <input type="checkbox"/> bus       |
| <input type="checkbox"/> media center | <input type="checkbox"/> PE Field | <input type="checkbox"/> gym       |
| <input type="checkbox"/> other _____  |                                   |                                    |

Is anyone in immediate danger?     YES     NO    If yes, contact proper authorities such as law enforcement immediately. If an emergency is imminent, please call 9-1-1 immediately and locate and notify school staff as soon as possible.

Please describe, in as much detail as possible, what happened (attach additional paper if necessary).

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Do you know any of the witnesses involved? If so, please provide their names and as much detail as possible about them.

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List evidence of bullying, and attach if possible.

- Note     
  E-mail     
  Text Message     
  Photos/Video  
 Web Page: \_\_\_\_\_     
  Other, Please list \_\_\_\_\_

Thank you for your assistance in this matter. This information will be relayed to the appropriate officials and a prompt investigation will be performed.

For Office Use Only	
Date Received:	
Received by:	

List any witnesses' names and grades (if applicable): \_\_\_\_\_

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List of evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible): \_\_\_\_\_

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Person Receiving Bullying Complaint Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/School

Note: The person receiving this complaint must initiate a Bullying/Harassment/Teen Dating Violence Investigation Report (SO-SS-111 Revised).

\_\_\_\_\_  
Signature

Please sign below if you wish no formal disciplinary action taken:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date