

ST. LUCIE COUNTY PUBLIC SCHOOLS
Bullying/Harassment Complaint Form

This report MUST be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying, harassment, and discrimination*) and submitted to the Administrator/Designee of the victim's school, area, or district location.

VICTIM FULL NAME: <input type="checkbox"/> Student <input type="checkbox"/> School Employee <input type="checkbox"/> Other	SCHOOL/OFFICE LOCATION	RACE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE	AGE
ALLEGED PERPETRATOR FULL NAME: <input type="checkbox"/> Student <input type="checkbox"/> School Employee <input type="checkbox"/> Other	SCHOOL/OFFICE LOCATION	RACE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GRADE	AGE

Has similar behavior of alleged been observed in the past directed at the same person? Yes No

**** If more than one alleged, complete separate form for each.**

ADMINISTRATOR/DESIGNEE of VICTIM'S SCHOOL/OFFICE LOCATION:	TODAY'S DATE
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DATE OF MOST RECENT BEHAVIOR	TIME OF MOST RECENT BEHAVIOR	LOCATION OF MOST RECENT BEHAVIOR
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Description of Bullying/Harassment Behavior (Include in detail who, what, where, when, how)
 Attach additional pages if necessary.

List all witness names, grade level, and school. (Attach list if necessary)

1. _____ Gr. ____ Age ____ School _____

2. _____ Gr. ____ Age ____ School _____

3. _____ Gr. ____ Age ____ School _____

4. Please attach additional witness information

List evidence of bullying/Harassment behavior (threat or message - written or electronic): – Attach if possible

To the best of my knowledge, all of the information on this form is true and accurate. I am aware that false reporting is a criminal offense.

Signature of Person Filing this complaint: _____ Date: _____

Print Name: _____

Check and print name here if someone other than complainant assisted in completing this form. _____

Or

Check here if you want to remain anonymous, and omit identifying information about yourself.

Please note: the School Board may not take formal disciplinary action based solely on an anonymous complaint (see Section 1006.147(4)(f), Fla. Stat.), and it may not accept an anonymous complaint against an employee (see Section 1012.31(1)(b), Fla. Stat.)

Name/Title of person receiving form	Date received	Time received
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Thank you. The investigation will be initiated within 2 school days.
If you suspect IMMEDIATE danger exists, please contact law enforcement.

FOR ADMINISTRATIVE USE ONLY:

Attach any supporting documentation/evidence of the investigation.

Use a separate form for each alleged perpetrator.

Alleged Information 1st offense repeat offender/alleged

Name: _____ Grade _____ School _____

Parent Information (if student) _____ Contact Number _____

Address _____

INITIAL PARENT CONTACT DOCUMENTATION (MUST BE BY PHONE AND IN WRITING)

Parent contact of alleged perpetrator: By phone date: _____ By writing date: _____ US Mail Electronic

Parent contact of alleged victim: By phone date: _____ By writing date: _____ US Mail Electronic

Investigation Details:

Summary of Investigative action (Attach additional pages if needed)

- Bullying Behavior Substantiated Bullying Behavior Unsubstantiated
- Harassment Behavior Substantiated Harassment Behavior Unsubstantiated

Was Bullying/Harassment behavior related to: Race? Sex? Disability? Not Applicable

Action Taken: (describe) _____

Resulted in School Discipline Referral Yes No If yes, Referral # _____

Investigation turned over to Law Enforcement (complete below)

Name of Law Enforcement personnel notified: _____

Agency _____ ID # _____ Date/Time _____

Case # _____

Administrator/Designee Signature: _____ Date _____

PARENT CONTACT AT CONCLUSION OF INVESTIGATION (MUST BE BY PHONE AND IN WRITING)

Parent contact of alleged perpetrator: By phone date: _____ By writing date: _____ US Mail Electronic

Parent contact of alleged victim: By phone date: _____ By writing date: _____ US Mail Electronic

ALL COMPLETED INVESTIGATIONS (Substantiated & Unsubstantiated) MUST BE SENT TO DIRECTOR OF STUDENT SERVICES