

Monroe County School District Bullying or Harassment Reporting Form Middle and High School and Employee

This form should be used to report a possible incident of bullying as defined in the Monroe County School District's Policy Prohibiting Bullying and Harassment.

Any student can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal or principal. This form may be dropped or mailed to the school or district office.

PLEASE PRINT

Your name (optional): _____ School: _____

Name(s) of student(s) accused of bullying and/or harassment: _____

Is this the first time you have been bullied or harassed? YES _____ NO _____
If NO, is the bullying by the same person(s) or a different person(s)? _____
Were any of these incidents previously reported? No _____ Yes _____ To whom _____

Where did the incidents happen (choose all that apply)

- | | | |
|---------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> On school property | <input type="checkbox"/> At a school-sponsored activity or event off of school property | <input type="checkbox"/> On the computer |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> At the bus stop |
| | | <input type="checkbox"/> Other: _____ |

On what dates did the incidents happen? _____

Choose the statement(s) that best describes what happened (choose all that apply)

- | | | | | |
|-------------------------------------------|---------------------------------------|--------------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Threat | <input type="checkbox"/> Stalking | <input type="checkbox"/> Theft | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Social exclusion | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Physical violence | <input type="checkbox"/> Public humiliation | <input type="checkbox"/> Other _____ |

What did the alleged offender(s) say or do? _____

Were there any witnesses? Yes _____ No _____ Please list detail: _____

Signature of student/employee completing this form (optional): _____ Date _____

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student is in IMMEDIATE danger, contact a trusted adult, their home school, the police or the Monroe County School District at (305) 293-1400 ext 54444 immediately!

For Office Use Only

Date Received:	
Received By:	