

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Bullying/Harassment, Sexual Harassment and Teen Dating Violence Complaint Form

Complete this report to document incidents of alleged bullying and harassment in accordance with School Board Policy 5517.01 & 2266 Anti-Bullying and Harassment, Sexual Harassment and Teen Dating Violence. Submit this report to the school Principal/designee or the appropriate District Area Office.

Complainant NAME: Student School Employee Other	SCHOOL/OFFICE LOCATION	RACE White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	GENDER Male Female	GRADE	AGE
Respondent(s) FULL NAME: Student School Employee Other	SCHOOL/OFFICE LOCATION	RACE White Black or African American Asian American Indian or Alaska Native Native Hawaiian or Other Pacific Islander	GENDER Male Female	GRADE	AGE

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

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

Type of Incident Title IX or Non-Title IX ()

Sexual Harassment (Title IV) Bullying Teen Dating Violence Harassment

Type of Incident (select one)

physical abuse/intimidation	cyberbullying or internet abuse
verbal abuse	dating violence
social isolation/exclusion	cyberstalking
emotional abuse bullying	gender identity and expression
harassment/discrimination	sexual orientation
hazing	sexual harassment
harassment and/or bullying involving student with a disability (504 plan or IDEA IEP)	
other	

Description of Alleged Incident:

Be specific and describe exactly what happened and/or state what information was reported to you. Include name, school, relationship to parties, prior incidents of any kind between any persons named in the incident, location (eg., hallway, locker room, class, building, at home, in school activity, extra-curricular, recess) and any other factors that may have contributed to the situation or might be making the situation worse.

*If the incident has cyber elements, please include the venue in which the incident allegedly occurred (eg., email, text, photo, image, social networking site, webpage) and also identify the type(s) of electronic device(s) used (eg., desktop computer, laptop, notebook, digital camera). Also provide identification such as email addresses, screen names, the social networking site, cell phone number with area code and/or Universal Resource Location URL (write out entire address <http://www.facebook.com/hotdigity3dognight> or Friend ID Address with number (be sure to include # as this is the fingerprint to the page – <http://www.facebook.com/3340035>).

For all incidents including cyber related, attach and secure all hardware downloadable electronic evidence only of available (eg., written notes, emails, computer records, or text messages/photos, referrals, incident reports). IF APPLICABLE TAKE A SCREENSHOT OF THE CONTENT TO BE SUBMITTED. TELL VICTIMS NOT TO DELETE CONTENTS OR MATERIAL FROM THEIR INTERNET SITES OR CELL PHONES! DO NOT HAVE THEM COPY AND PASTE COMMENTS ONTO ANOTHER TYPE OF DOCUMENT.

Narrative of Incident:

What action is being requested?

Action requested by?

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:

Print Name:

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

Name/ Title of person receiving form

Date received

Time received

If you suspect IMMEDIATE danger exists, please contact law enforcement

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
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Case #

Administrator/Designee Signature: _____ Date:

Comments: