

THE SCHOOL DISTRICT OF MARTIN COUNTY, FLORIDA
Bullying/Harassment Complaint Form

Form# 1202
 3/15/13
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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 submitted to the Administrator/Designee of the victim's school, area, or district location.

VICTIM FULL NAME: Student School Employee Other	SCHOOL/OFFICE LOCATION	RACE	GENDER	GRADE	AGE
ALLEGED PERPETRATOR FULL NAME: Student School Employee Other	SCHOOL/OFFICE LOCATION	RACE	GENDER	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.

ADMINISTRATOR/DESIGNEE of VICTIM'S SCHOOL/OFFICE LOCATION: _____ TODAY'S DATE _____

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:
 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.