ST. LUCIE 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: ☐ Student ☐ School Employee ☐ Other	SCHOOL/OFFICE LO	CATION RACE	GENDER Male Female	GRADE	AGE
ALLEGED PERPETRATOR FULL NAME: Student School Employee Other	SCHOOL/OFFICE LO	CATION RACE	GENDER Male Female	GRADE	AGE
Has similar behavior of alleged been observ	red in the past directed at the same per	rson? 🗆 Yes 🗆 N)		
** If more than one alleged, complete separate form for each.					
ADMINISTRATOR/DESIGNEE of VICTIM'S SCHOOL/OFFICE LOCATION: TODAY'S DA' TODAY'S DA'				AY'S DATE	
DATE OF MOST RECENT BEHAVIOR	TIME OF MOST RECENT BEHAVIOR	LOCATION OF	ON OF MOST RECENT BEHAVIOR		
Description of Bullying/Harassment Behavior (Include in detail who, what, where, when, how) Attach additional pages if necessary.					
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:					
<u>Please note</u> : the School Board may not take fo	anonymous, and omit identifying in formal disciplinary action based solely on an and mainst an employee (see Section 1012.31(1)(b), F	onymous complaint (see Se)(f), Fla. Stat	:.), and
Name/Title of person receiving form	Dat	e received	Time rece	ived	

Thank you. The investigation will be initiated within 2 school days.

FOR ADMINISTRATIVE USE ONLY:

Attach any supporting documentation/evidence of the investigation. Use a separate form for each alleged perpetrator. Alleged Information \Box 1st offense \Box repeat offender/alleged _____ Grade _____ School _____ Name: Contact Number Parent Information (if student) 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 By phone date: By writing date: US Mail Electronic Parent contact of alleged victim: Investigation Details: Summary of Investigative action (Attach additional pages if needed) ☐ Bullying Behavior Substantiated ☐ Bullying Behavior Unsubstantiated ☐ Harassment Behavior Substantiated ☐ Harassment Behavior Unsubstantiated ☐ Race? Was Bullying/Harassment behavior related to: ☐ Sex? ☐ Disability? ☐ Not Applicable ☐ Religion? ☐ Sexual Orientation? Action Taken: (describe) If yes, Referral # ☐ Investigation turned over to Law Enforcement (complete below) Name of Law Enforcement personnel notified: 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