

## BREVARD PUBLIC SCHOOLS STUDENT REPORTING FORM

For a report of student-related bullying, sexual harassment, other forms of harassment, and teen dating violence and abuse. This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g.

A student can report bullying or harassment by talking to an adult at school or completing this form and returning it to the dean, assistant principal, or principal. A parent can place this form in the school's drop off spot for anonymous reporting. If giving an oral report, a school administrator should complete this form.

| Today's Date/School  |   |
|--|---|
| Your Name  |   |
| (Please print)   |   |
| Were you an eye witness? No Yes  |   |
| If no, who reported it to you?   |   |
| Who does this involve?   |   |
| What happened? Choose all that apply and describe the exact  | words or behaviors used under "Other"                           |
| Teasing Hitting or kicking   | Gossip and rumors being spread                                  |
|  | Being left out on purpose                                       |
|  | E-mail, Facebook®, text message (Print all messages and attach) |
| Shoving or pushing   |   |
| Other (specify)  |   |
|  |   |
| Describe what happened (the most recent incident).   |   |
|  | (attach a separate sheet, if necessary)                         |
| When did this happen? Date:  Where did this happen?  On school property – (if you check this box list the located this box | tion at school)   |
| <u> </u>   | consored activity or event off school property                  |
|  |   |
|  |   |
| What have you done to try to stop his/her behavior?  |   |
| Is there anyone who witnessed this behavior?   |   |
| How has this incident affected you?  |   |
| Have you reported prior problems with this student(s) to a to  No Yes (If yes, who did you report it to?)  | eacher, principal, or other school staff before?                |
| How many times have issues come up with the same student(  | s) before this incident?  |
| Check most appropriate number of incidents.  | Two (2) Three or more (3 or more)                               |

| Describe the details of incident separate from                              | m the incident on page 1 below.  |  |  |  |
|---|--|--|--|--|
| Separate incident prior to that found on Pag                                | ge 1:  |  |  |  |
| Describe what happened (the second incident).                               |  |  |  |  |
|   |  |  |  |  |
| Whom did it involve?  |  |  |  |  |
| Was there anyone who witnessed this behave                                  | ior?   |  |  |  |
| On a school bus On the way to / from school                                 | his box list the location at school)  At school-sponsored activity or event off school property  Other |  |  |  |
| Did you report the problem to a teacher, pri  No Yes (If yes, who did you r | ncipal, or other school staff?  report it to?)   |  |  |  |
| What did they do to help?   |  |  |  |  |
|   |  |  |  |  |
| Separate incident prior to that found on Pag                                | ge 1 and the above incident:   |  |  |  |
| Describe what happened (the third incident).                                | ,<br>  |  |  |  |
| When did this happen? Date:   |  |  |  |  |
| Whom did it involve?  |  |  |  |  |
|   | ior?   |  |  |  |
| On a school bus   | his box list the location at school)  At school-sponsored activity or event off school property        |  |  |  |
| On the way to / from school   | Other  |  |  |  |
| Did you report the problem to a teacher, pri  No Yes (If yes, who did you r | report it to?)   |  |  |  |
| What did they do to help?   |  |  |  |  |

| What would you like     | e us to do to help?              |   |  |
|-------------------------|----------------------------------|---|--|
| *You may list any oth   | ner prior incidents on a separat | te sheet of paper then attach to this form.   |  |
|                         |                                  | /   |  |
|                         | Your Signature                   | Date  |  |
|                         | •                                | ou. This report will be investigated.<br>danger, please contact a trusted adult right away! |  |
|                         | FOR A                            | ADMINISTRATOR USE ONLY  |  |
| Date Received:          | Received B                       | 3y:   |  |
| Administrative Findings | ☐No further action required.     | Further investigation required. Use <i>Incident Investigation Form 4</i>                    |  |

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This report must be attached to Incident Investigation Form 4