

BULLYING/HARASSMENT COMPLAINT FORM

To file a complaint relating to an incident of alleged bullying (for the purpose of this form, bullying encompasses bullying, harassment, and discrimination,) please complete this form as fully and accurately as possible and turn it in to the appropriate District Department Administrator or school Principal/Investigative Designee.

If you would like to report this information anonymously, please note so under "COMPLAINANT NAME." Other non-urgent reporting options are to call Broward Schools Tipline at (754) 321-35, email to SecurityTips@browardschools.com, or submit a tip online at www.browardschools.com/SecurityTips.

DATE COMPLAINT MADE:	COMPLAINANT NAME (if anonymous, write "Anonymous" here):		
VICTIM OF BULLYING NAME:	HOME SCHOOL/DEPT. OF VICTIM:	SEX:	GRADE:
ACCUSED NAME:	HOME SCHOOL/DEPT. OF ACCUSED:	SEX:	GRADE:
SCHOOL SITE /DEPARTMENT WHERE INCIDENT OCCURRED:			INCIDENT DATE:
FOR OFFICIAL USE ONLY:	COMPLAINT RECEIVED BY:		
DATE COMPLAINT RECEIVED:	INVESTIGATIVE DESIGNEE/ADMINISTRATOR COMPLAINT REFERRED TO:		

Where did the incident(s) occur?

When did the incident(s) occur? Date(s): _____ Time(s): _____

Please describe, in as much detail as possible, what happened.

Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.

List and/or attach any evidence of bullying if possible (i.e. letters, photos, etc.)

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant: _____ Date: _____

Thank you. If you fear a student is in IMMEDIATE danger, call 911 immediately.