

Bullying Complaint Form

To file a complaint relating to an incident of alleged bullying (for 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, school Principal, or Investigative Designee.

If you would like to report this information anonymously, please note so under "COMPLAINANT NAME." Other options are to call the Silence Hurts Tipline at (754) 321-0911, email to school911@browardschools.com, text to CRIMES 274637 (message must begin with SBBC,) fill it in online at www.browardschools.com/Page/35294, or turn it in to the school's Anonymous Reporting Box.

DATE COMPLAINT MADE:	COMPLAINANT NAME (if ANONYMOUS, write "Anonymous"):		
TARGET OF BULLYING NAME (last, first):	HOME SCHOOL/DEPT. OF TARGET:	SEX:	GRADE:
ACCUSED NAME (last, first, middle):	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 occur?

When did the incident occur? Date: _____ Time: _____

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

Do you know any of the witnesses involved? Please provide as much detail as possible about these people.

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

By signing below, I attest the information on this form is accurate and true to the best of my knowledge.

Signature of complainant: _____ Date: _____

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