

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, sexual 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, Assistant Principal, or Investigative Designee. If you would like to report this information anonymously, please note so under "COMPLAINANT NAME."

Non-urgent reporting options for threats, harassing behaviors, illegal activity, etc. can be made by calling Broward County Public Schools Tipline (754) 321-3500, emailing SecurityTips@browardschools.com, or submitting an online tip at www.browardschools.com/SecurityTips. Call 911 immediately for eminent safety threats.

DATE COMPLAINT MADE	COMPLAINANT NAME (if anonymous, write "Anonymous" here)		
ALLEGED VICTIM NAME	HOME SCHOOL/DEPT. OF VICTIM	GENDER	GRADE
ACCUSED NAME	HOME SCHOOL/DEPT. OF ACCUSED	GENDER	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		

Please detail the incident(s) that occurred between the alleged victim and accused. Have there been multiple incidents between these parties? Where did the incident(s) occur? When did the incident(s) occur? In as much detail as possible, what happened?

Event 1: Date: _____ Time: _____ Location: _____

Who was present to witness the incident?

What happened:

Event 2: Date: _____ Time: _____ Location: _____

Who was present to witness the incident?

What happened:

Event 3: Date: _____ Time: _____ Location: _____

Who was present to witness the incident?

What happened:

Continue providing information on the back of this form as needed. Please list and/or attach any evidence of bullying if possible (i.e. texts, photos, etc.)

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

Signature of complainant: _____ Date: _____