

**THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA**  
**REPORTING FORM (Parent/Guardian, Witness, BPS Staff and Volunteers)**

**DIRECTIONS:** A parent/guardian, witness, Brevard Public Schools staff member or volunteer may file a report of bullying, harassment or teen dating violence and abuse with a school official or by placing this form in the identified school's drop off spot for anonymous reporting. The confidentiality of this form will be maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232 g, Florida law and/or as required by Title IX of the Education Amendments of 1972.

**Today's Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_  
 Parent/Legal Guardian     Teacher/Staff     Bus Driver     Other: \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

**Were you an eyewitness?**  No     Yes

**If no, who reported it to you?**  
\_\_\_\_\_

**Who does this involve?**  
\_\_\_\_\_

**Nature of Report** (tell what happened): Choose all that apply and describe the exact words or behaviors used under "Other."

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teasing   | <input type="checkbox"/> Hitting or kicking        | <input type="checkbox"/> Sex/Gender Discrimination |
| <input type="checkbox"/> Gossip/rumors being spread  | <input type="checkbox"/> Being left out on purpose | <input type="checkbox"/> Sexual Harassment         |
| <input type="checkbox"/> Shoving or pushing  | <input type="checkbox"/> Name calling              | <input type="checkbox"/> Domestic/Dating Violence  |
| <input type="checkbox"/> E-mail, text message, social media <b>(Print all messages and attach)</b> | <input type="checkbox"/> Sexual Assault            |  |
| <input type="checkbox"/> Other (please specify) _____  | <input type="checkbox"/> COVID-19 Harassment       | <input type="checkbox"/> Stalking                  |

**Describe what happened (the most recent incident).** Attach a separate sheet, if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When did this happen? Date:** \_\_\_\_\_

**Where did this happen?** Choose all that apply.

<input type="checkbox"/> Classroom	<input type="checkbox"/> Restroom	<input type="checkbox"/> Playground	<input type="checkbox"/> Hallway
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Bus	<input type="checkbox"/> Bus Stop	<input type="checkbox"/> At a school related or sponsored event
<input type="checkbox"/> Other school location (please specify) _____			
<input type="checkbox"/> Off Campus/Other Location (please specify) _____			

**Is there anyone who witnessed this behavior?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How has this behavior affected the student?** \_\_\_\_\_  
\_\_\_\_\_

Have you reported prior problems with this student(s) to a teacher, principal, or other staff before?  No  Yes  
(If yes, who did you report it to?) \_\_\_\_\_

**How many times have issues come up with the same student(s) before this incident?**

Check most appropriate number of incidents.  One (1)  Two (2)  Three or more (3 or more)

**Do you have any documentation, pictures, texts, etc., to support your report?**

Yes  No – If yes, attach to this form

**Describe the details prior to this incident including: the date it occurred, students involved, witnesses to incident, where it happened, adult or school employee you reported it to, and what they did to help, etc.:**

**Prior Incident(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please add additional helpful information.**

\_\_\_\_\_  
\_\_\_\_\_

**For reports of Sexual Harassment as defined in Brevard Public Schools Policy 2266, do you as the complainant and/or parent/guardian want the school to conduct a formal investigation?**  Yes  No

*\*The District Title IX Coordinator has the discretion to dismiss a formal complaint under the provisions described within Brevard Public Schools Policy 2266, Subsection I, Dismissal of a Formal Complaint (Mandatory or Permissive).*

**I certify that, to the best of my knowledge and belief, that the information provided by me on this form is “true and correct” and not a “false statement or charge” to the best of my knowledge. Providing false information may lead to discipline pursuant to federal and state law and/or regulations.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR ADMINISTRATOR USE ONLY**

Received Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Administrative Findings:     Bullying/Harassment Investigation     Title IX Referral  
    Disciplinary Investigation      Other (i.e., referred to law enforcement)

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Beginning with the 2018-2019 school year, a student enrolled in a Florida public school in **kindergarten through grade 12** who has been subjected to an incident of battery; harassment; hazing; bullying; kidnapping; physical attack; robbery; sexual offenses, harassment, assault, or battery; threat or intimidation; or fighting at school is afforded the opportunity to transfer to another public school with capacity or enroll in an approved private school under the Hope Scholarship. (Section §1002.40, Florida Statutes)