

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

DIRECTIONS: A student may file a complaint 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 the 2020 Office of Civil Rights Title IX regulations.

Today's Date: _____ **School:** _____

Your Name: _____
 Parent/Legal Guardian Teacher/Staff Bus Driver Other (Witness): _____

Contact Email: _____ **Contact Phone #** _____

Were you an eyewitness? No Yes

If no, who reported it to you?

Who does this involve?

Nature of Complaint (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"/> Gender Discrimination |
| <input type="checkbox"/> Gossip and 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"/> Relationship/Dating Violence |
| <input type="checkbox"/> E-mail, text message, social media (Print all messages and attach) | <input type="checkbox"/> Sexual Assault | |
| <input type="checkbox"/> Other (specify) _____ | | |

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 complaint?

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. _____

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 Investigation
 Disciplinary Investigation Other (i.e., referred to law enforcement)

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)