



BREVARD PUBLIC SCHOOLS PARENT/TEACHER/BUS DRIVER/OTHER STAFF REPORTING FORM

For a report of student-related bullying, sexual harassment, other forms of harassment, and teen dating violence and abuse. This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g. A parent can report bullying or harassment by talking to an adult at school or completing this form and returning it to the dean, assistant principal, or principal. A parent can place this form in the school's drop off spot for anonymous reporting. If giving an oral report, a school administrator should complete this form.

Today's Date ____ / ____ / ____ School _____

Your Name _____
(Please print)

Were you an eye witness? No Yes

If no, who reported it to you? _____

Who does this involve? _____

What happened? Choose all that apply and describe the exact words or behaviors used under "Other"

- Teasing
- Hitting or kicking
- Gossip and rumors being spread
- Made fun of
- Name calling
- Being left out on purpose
- Shoving or pushing
- Getting someone in trouble
- E-mail, Facebook®, text message *(Print all messages and attach)*
- Other (specify) _____

Describe what happened *(the most recent incident)*.

_____ *(attach a separate sheet, if necessary)*

When did this happen? Date: _____

Where did this happen?
 On school property – *(if you check this box list the location at school)* _____
 On a school bus At school-sponsored activity or event off school property
 On the way to / from school Other _____

Is there anyone who witnessed this behavior? _____

How has this incident affected the student? _____

Have you reported prior problems with this student(s) to a teacher, principal, or other school 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)

Describe the details prior to 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.:

Second Incident: _____

Third Incident: _____

Please add additional helpful information. _____

Your Signature

_____/_____/_____
Date

Thank you. This report will be investigated.

FOR ADMINISTRATOR USE ONLY

Date Received: _____ Received By: _____

Administrative Findings No further action required. Further investigation required. Use *Incident Investigation Form 4*

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This report must be attached to Incident Investigation Form 4