



THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA
PARENT/TEACHER/BUS DRIVER/OTHER STAFF/WITNESS COMPLAINT REPORTING FORM

DIRECTIONS: For a report of student-related bullying, sexual harassment, other forms of harassment, and teen dating violence and abuse, and/or Title IX, this form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g.

An individual can report a complaint by talking to an adult at school or completing this form and returning it to the dean, assistant principal, or principal. An individual 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)
[] Parent/Legal Guardian [] Teacher/Staff
[] Bus Driver [] Other (Witness): _____

Contact Name: _____ (Please print) Contact Phone: _____

Contact Email: _____

Were you an eye witness? [] 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."

- [] 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, text message, social media (Print all messages and attach)
[] Gender Discrimination [] Sexual Harassment [] Relationship/Dating Violence
[] Sexual Assault [] 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.

- [] School playground [] School restroom [] On a school bus [] Other school location (please specify)
[] School hallway [] School cafeteria [] At a school bus stop
[] School classroom [] At a school related or sponsored program or activity [] 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 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)

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".

Your Signature

_____/_____/_____
Date

Thank you. This report will be investigated.

FOR ADMINISTRATOR USE ONLY

Date Received: _____ Received By: _____

Does behavior warrant disciplinary action? Yes No

Administrative Findings

No further action required. Further investigation required – Complete investigation process (See Form 4)

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 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)

The results of this investigation may be appealed by contacting the school principal.