



# BREVARD PUBLIC SCHOOLS STUDENT 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 student 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 student 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 \_\_\_\_\_ Age \_\_\_\_\_

(Please print)

Who is bothering you?

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 you in trouble                       E-mail, Facebook®, text message (Print all messages and attach)
- Other (specify) \_\_\_\_\_

Describe what happened.

\_\_\_\_\_ (attach a separate sheet, if necessary)

When did this happen? Date(s): \_\_\_\_\_

Where did this happen? Choose all that apply                      Date(s): \_\_\_\_\_

- On school property                       At school-sponsored activity or event off school property
- On a school bus                       On the way to / from school                       Other \_\_\_\_\_

How many times has this happened before? \_\_\_\_\_

Have you reported this problem to your teacher, principal, or other school staff before?

- Yes                       No

If yes, to whom was it reported and what occurred in the past? \_\_\_\_\_

(attach a separate sheet, if necessary)

What have you done to try to stop his/her behavior? \_\_\_\_\_

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

How has this incident affected you? \_\_\_\_\_

What would you like us to do to help? \_\_\_\_\_

\_\_\_\_\_  
Your Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Thank you. This report will be investigated.  
If you think that you are in danger, please contact a trusted adult right away!**

**FOR ADMINISTRATOR USE ONLY**

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

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