



# THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA STUDENT REPORTING FORM

**DIRECTIONS:** A student may file a complaint of bullying, harassment, sexual 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. § 1232g., Florida law, and/or as required by the 2020 Office of Civil Rights Title IX regulations.

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

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Who is bothering you? \_\_\_\_\_

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

- Teasing
- Hitting or kicking
- Gender Discrimination
- Gossip/rumors being spread
- Name calling
- Sexual Harassment
- Shoving or pushing
- Being left out on purpose
- Relationship/Dating Violence
- E-mail, text, social media (print all messages and attach)
- Sexual Assault
- COVID-19 Harassment
- Other (please specify) \_\_\_\_\_

**Describe what happened.** Attach a separate sheet, if necessary. \_\_\_\_\_

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

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

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

- Classroom
- Restroom
- Playground
- School bus
- Hallway
- Cafeteria
- School bus stop
- At a school related or sponsored event
- Other school location (please specify) \_\_\_\_\_
- Off Campus/Other Location (please specify) \_\_\_\_\_

**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 actions have you attempted to try to stop his/her behavior? Please list**

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

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

Yes  No – If yes, attach to this form

**How has this behavior affected you?**

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**What would you like us to do to help?**

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**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.**

\_\_\_\_\_  
*Student Signature*

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

**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

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)

**If you think that you are in danger, please contact a trusted adult right away.**