



The School District of Okeechobee County

Bullying and Harassment Report Form

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|------------------------------------|
| For Office Use Only |
| <input type="checkbox"/> Founded |
| <input type="checkbox"/> Unfounded |

This form should be used to report an alleged incident of bullying or harassment as defined in School Board Policy 5.321. Any student/adult can report bullying or harassment by talking to an administrator or completing this form. This form can also be used to report anonymously.

| | | |
|----------------------------------------------|----------------------------------|-------|
| Name of Person Filing this Report (Optional) | Male/Female | Grade |
| Victim's Name | Male/Female | Grade |
| Alleged Perpetrator's Name | Male/Female | Grade |
| School | Date report is being made / / | |
| Principal/Administrator | Incident Date & Time / / : | |

Where did the incident happen? (Choose all that apply):

- On school property
- At a school-sponsored activity
- On the computer
- Outside of school
- On the bus
- At the bus stop
- Other _____

| | | |
|---------|-------------|-------|
| Witness | Male/Female | Grade |
| Witness | Male/Female | Grade |

Describe the Incident: (What did the alleged offender(s) say or do?) _____

Is there any documentation and/or evidence that pertains to this case (e.g. written notes, emails, computer records, text messages, photos) Please attach. _____

Signature of the student/adult completing this form (optional): _____

By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student/adult is in immediate danger, please contact an adult or law enforcement right away.

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| | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Received / / | Parent of Victim Notified Before: / / : After: / / : _____ | Was there physical, verbal or social aggression? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Date Investigation Began / / | Parent of Perpetrator Notified Before: / / : After: / / : _____ | Was there dominance? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Outcome: <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Referral to SBIT | | Was the incident chronic, persistent or repeated? <input type="checkbox"/> yes <input type="checkbox"/> no |
| | | Did the conduct interfere with the victim's educational performance, opportunities or beliefs? <input type="checkbox"/> yes <input type="checkbox"/> no |

Referral to Law Enforcement

O-SO-36 created 11/09