

Albertville City (this is an online form)

Contact Form

- Name *

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- Email *

- Subject *

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- Message *



PROHIBITION OF HARASSMENT, INTIMIDATION, AND BULLYING
Complaint Form for Arab City Schools

School System: _____ School Name: _____

Student Name: _____ ID#: _____

Grade: _____

INFRACTION REPORTED BY: _____ STUDENT _____ PARENT/GUARDIAN

Date of Incident

Time

*Specific Location of
Incident*

DESCRIPTION

OTHER INFORMATION

Ala. Code § 16-28B-3. HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- a. Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- b. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student

Date

OR

Parent/Guardian

Date

Employee ☐

Student ☐

Athens City Schools Anti-Harassment Complaint Form

By completing this form, I am filing an official Anti-Harassment complaint against the person named below. I request that the procedures as outlined in Policy File: GAJDBH, JN, or JNA be followed.

DATE: _____

Name of Person Filing Complaint: _____

School/Office: _____

Grade/Location: _____ **To Whom Complaint was Presented:** _____

Name of Person Complaint Filed Against: _____

Complaint: State specific incidents and dates that caused you to file this complaint. (Attach additional paper, if needed.)

What suggestions do you offer to resolve this complaint? (Attach additional paper, if needed.)

Signature of Person Filing Complaint: _____

Printed Name: _____

Date Initial Complaint Presented to Teacher/Administrator: _____

DO NOT WRITE BELOW THIS LINE



Date Complaint Received: _____

Principal or Title IX Coordinator: _____

Date Complaint Reply Delivered: _____

Principal or Title IX Coordinator: _____

Date Complaint Received: _____

Superintendent or Designee: _____

Date Complaint Reply Delivered: _____

Superintendent or Designee: _____

Date BOE hearing (If requested): _____
(Attach hearing documentation pertaining to complaint.)

BOE Hearing Date: _____

BOE Result: _____

BOE Minutes: _____

Corrective Action: _____

BULLYING/HARASSMENT COMPLAINT FORM

Date Filed: _____ Your name: _____

Address: _____ Phone Number: _____

Indicate the appropriate response to the following with a check mark(s):

• You are a: ____ Student ____ Parent ____ Employee ____ Volunteer

• The complainant believes bullying and/or harassment has occurred because of this reason:

Date(s) of alleged bullying or harassment(s) _____

Person (s) alleged to have committed the bullying or harassment

Summarize the incident(s) or occurrence(s) as accurately as possible. Attach additional sheets or use back side of the form, if necessary. Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, etc.).

Location of incident

Names of Witnesses _____

Have you reported this to anyone else?: ____ Yes ____ No. If so, who? _____

Signature of Complainant _____

Date Received by Assistant Principal or other designee _____

SRO/Attalla Police Dept. notified: ____ Yes ____ NO

Result of investigation/action taken: _____

Signature of Assistant Principal or other designee _____

Note: Completion of this form will initiate an investigation of the alleged incident of bullying or harassment outlined on this form. Completion of this form or its impending investigation shall not be construed to preclude a victim (or his or her parents if the victim is a minor) from seeking administrative or legal remedies under any applicable provision of law. Submission of a good faith complaint or report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning or working environment or work assignment. Results of the investigation will determine the disciplinary action taken.

A complainant that falsely accuses someone will also be subject to disciplinary action.

HARASSMENT / BULLYING REPORT AUBURN JUNIOR HIGH SCHOOL

(Alabama State Code, Act No. 2009-57 Student Harassment Prevention Act)

This form can be used to report a possible incident of bullying/harassment as defined in the Auburn City Schools' Policy against bullying and harassment.

Bullying is defined as the act of one or more individuals intimidating, threatening, ridiculing, humiliating, frightening, or causing increased anxiety to one or more other individuals through verbal, written, electronic, or physical interactions or behaviors, whether explicit or implied. Examples of bullying include but are not limited to:

1. Intimidation, either physical or psychological
2. Threats of any kind, stated or implied
3. Assaults, including those that are verbal, physical, psychological, or emotional
4. Attacks on student property

Harassment refers to conduct of a verbal or physical nature that is designed to embarrass, distress, agitate, disturb or trouble students. **Harassment** as described above may include, but is not limited to:

1. Repeated remarks of a demeaning nature
2. Implied or explicit threats concerning one's grades, achievements, or other school matters
3. Demeaning jokes, stories, or activities directed at the student

Student Name: _____

Teacher Name: _____

Describe the incident:

List the person(s) involved:

Where did the incident take place?

How often has the behavior occurred?

Is there any other information you would like to provide? (Photos, drawings, etc.)

Remedy sought: _____

(Please attach any additional information)

SUBMIT REPORT TO EITHER MRS. KENEMER OR MR. SWINNEY

STUDENT HARASSMENT AND BULLYING COMPLAINT FORM

Harassment and bullying are serious offenses and will not be tolerated. Bullying includes, but is not limited to, harassment, intimidation, hazing, or menacing acts of a student. If you wish to report an incident of alleged harassment and/or bullying occurring during this school year, complete this form and return it to the principal at the student's school. All school employees are required to report alleged violations.

Today's date: ____/____/____
Month Day Year

School: _____

PERSON REPORTING INCIDENT

Name: _____

Telephone: _____

Place an X in the appropriate blank: ____ School Staff ____ Parent/Guardian ____ Student ____ Other (____)

1. Name of student victim: _____ Age: _____

2. Name(s) of alleged offender(s) (if known): (Please print.) Age School Is he/she a student?

____ Yes ____ No

____ Yes ____ No

____ Yes ____ No

3. On what date(s) did the incident happen?

____/____/____ ____/____/____ ____/____/____
Month Day Year Month Day Year Month Day Year

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

____ On school property

____ At a school-sponsored activity or event off school property

____ On a school bus

____ On the way to/from school

5. Place a check next to the statement(s) that best describe(s) what happened (Choose all that apply.):

____ Hitting, kicking, shoving, spitting, hair pulling, or throwing something

____ Getting another person to hit or harm the student

____ Teasing, name-calling, making critical remarks, or threatening, in person or by other means

____ Demeaning and making the victim of jokes

____ Making rude and/or threatening gestures

____ Intimidating (bullying), extorting, or exploiting

____ Spreading harmful rumors or gossip

____ Cyberbullying

____ Hazing

____ Other (Specify.) _____

6. What did the alleged offender(s) say or do? _____

(Attach a separate sheet, if necessary.)

Signature _____ Date _____



BALDWIN COUNTY PUBLIC SCHOOLS
Building Excellence

Harassment Complaint Form

This report **MUST** be completed to file a complaint relating to an incident of alleged harassment. *(For the purpose of this form, harassment also includes violence, threats of violence, or intimidation by another student.)* This form should be submitted to the principal or the principal's designee either by mail or personal delivery.

| | | |
|--|-------------------------|--------------|
| COMPLAINANT'S NAME (Last, First, Middle) | SEX | GRADE |
| VICTIM'S NAME (Last, First, Middle) | SEX | GRADE |
| ACCUSED'S NAME (Last, First, Middle) | SEX | GRADE |
| SITE WHERE INCIDENT OCCURRED (i.e., locker room, playground, cafeteria, classroom, etc.) | School Name | |
| PRINCIPAL'S NAME | Date of Incident | |

Describe the incident:

Describe the location where the incident took place:

List all witness names and grades:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Complainant

Date

Name of Person Receiving Harassment Complaint Form

Date

Thank you. If you fear a student is in IMMEDIATE danger, please contact the police immediately!



BALDWIN COUNTY PUBLIC SCHOOLS
Building Excellence

Harassment Witness Statement Form

This report **MUST** be completed when there is a witness to an incident of alleged harassment. *(For the purpose of this form, harassment also includes violence, threats of violence, or intimidation by another student.)* This form should be submitted to the principal or the principal's designee either by mail or personal delivery.

| | | |
|---|---|--------------------------------|
| WITNESS' NAME (Last, First) | WITNESS' TITLE (ex: Parent, Student, Teacher) | INTERVIEW DATE |
| VICTIM'S NAME (Last, First) | | |
| ACCUSED'D NAME (Last, First) | | |
| SCHOOL SITE WHERE INCIDENT OCCURRED (i.e., locker room, playground, cafeteria, classroom, etc.) | | SCHOOL TELEPHONE NUMBER |
| PRINCIPAL'S NAME | | DATE OF INCIDENT |

Describe the incident witnessed:

Describe the location where the incident took place:

List any other witness' names and grades:

List evidence of harassment (i.e., letters, pictures, etc.) Attach all listed evidence, if possible:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Witness

Date

Name of Person Receiving Harassment Complaint Form

Date

Harassment Complaint Report Form

This report **MUST** be completed to file a complaint to an incident of alleged harassment. (For the purpose of this form, harassment also includes violence, or intimidation by another student.) This form should be submitted to the principal or the principal's designee either by mail or personal delivery.

| | | |
|---|------------------|-------|
| Complainant's Name (Last, First, Middle) | Sex | Grade |
| Victim's Name (Last, First, Middle) | Sex | Grade |
| Accuser's Name (Last, First, Middle) | Sex | Grade |
| Site Where Incident Occurred (i.e., locker room, playground, classroom, etc. | School Name | |
| Principal's Name | Date of Incident | |

Describe the incident:

Describe the location where the incident took place:

List all witness names and grades:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant

Date

Name of person receiving Harassment Complaint Form

Date

If you fear a student is in IMMEDIATE danger, please contact the police immediately!

**Student Anti-Harassment / Anti-Violence Reporting
Form
Birmingham City Schools**

School:

Name of student victim:

Age: **Grade:**

Date/Dates of Occurrence:

**Indicate below name(s) of alleged
offender(s) (if known):**

| Name | Age or Grade | School (If Known) | Is he/she a student? |
|------|-----------------|-------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

**Place an X next to the statement(s)
that best describes what happened.
(Choose all the apply)**

- ☐ Any bullying, harassment, or intimidation that involves physical aggression
- ☐ Getting another person to hit or harm the student
- ☐ Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- ☐ Demeaning and making the victim the brunt of jokes
- ☐ Making rude and/or threatening gestures
- ☐ Excluding or rejecting the student
- ☐ Intimidating (bullying), extorting, or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Electronic Communication Specify: _____
- ☐ Drugs/Alcohol
- ☐ Weapons
- ☐ Other Specify: _____

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

- ☐ On school property
- ☐ At a school-sponsored activity or event off school property
- ☐ On a school bus
- ☐ On the way to/from school*

What did the alleged offender(s) say or do? (Please print)

**Why did the bullying, harassment of
intimidation occur? (Please print)**

**Did a physical injury result from this
incident? Place an X next to one of the
following:**

- ☐ No
- ☐ Yes, but it did not require medical attention
- ☐ Yes, and it required medical attention

**If there was a physical injury, do you think
there will be permanent effects?**

- ☐ Yes
- ☐ No

**Was the student victim absent from
school as a result of the incident?**

- ☐ Yes
- ☐ No

**If yes, how many days was the student victim absent
from school as a result of the incident? _____**

**Did a psychological injury result from
this incident? Place an X next to one of
the following:**

- ☐ No
- ☐ Yes, but psychological services have not been sought
- ☐ Yes and psychological services have been sought

**Is there any additional information you
would like to provide?**

Signature: _____

Date: _____

Relationship to Victim:

- ☐ Student Victim
- ☐ Bystander
- ☐ Parent/Guardian of Victim
- ☐ School Staff
- ☐ Relative of Victim Specify: _____
- ☐ Other Specify: _____

Contact Number(s) and Email:

HARASSMENT REPORT

06/21/10

Complainant _____

Relationship to Schools: Employee Student Volunteer Visitor Vendor
Other _____

Specify

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of Alleged Incident(s) _____

Name of person you believe harassed you _____

List any witnesses who were present _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary)

Does the harassment give cause for the threat of potential suicide? ____ Yes ____ No

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature

Date

Parent Signature If Student Is Considered A Minor

Date

Received By

Date

Harassment Report

School System: _____ School Name: _____

Student Name: _____

ID#: _____

Grade: _____

INFRACTION REPORTED BY: _____ STUDENT _____ PARENT

Date _____

Time _____

Location _____

DESCRIPTION

OTHER RELATED INFORMATION

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student _____

Date _____

Parent/
Guardian _____

Date _____

Butler County Board of Education

Harassment Report

School Name: _____

Student Name: _____ ID#: _____

Grade: _____

| Infraction Reported By: _____ Student _____ Parent _____ | | | |
|--|--|-------------|--|
| <i>Date</i> | | <i>Time</i> | |
| <i>Location</i> | | | |
| Description | | | |
| | | | |
| Other related information | | | |
| | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the Student Harassment Prevention Policy adopted by the Butler County Board of Education. To constitute harassment, a pattern of behavior must exist that results in one or more of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student _____ *Date* _____

Parent/Guardian _____ *Date* _____

This form may be used as part of the Board's Complaint / Grievance Procedure by students and parents who wish to initiate a formal written complaint involving violations of the Board's *Policy for Prevention of Student Harassment, Sexual Discrimination and Harassment Policy, Racial Harassment Policy*, or other violations of law or policy directly affecting the rights of the complaining party.

Telephone: Home _____ Cell / Other _____

If yes, please provide additional details. _____

[illegible]

Parent Signature

CHAMBERS COUNTY BOARD OF EDUCATION
BOX 408
LAFAYETTE, ALABAMA 36862
TELEPHONE (334) 864-9343
VALLEY RESIDENTS (706) 586-2280

WILLIAM A. MARTIN, III, President
CLIFFORD D. LYONS, Vice President
JEFFERY L. FINCH
JOE C. DAVIS
ALANE P. DUNCAN
MARY S. TERRY

Dr. KELLI M. TUCKER
Superintendent

Report of Harassment Form

Name of student harassed:_____

Name of student or parent/guardian reporting the incident:_____

Date:

Name of student or student(s) participating in harassing activity

- 1.
- 2.
- 3.

Nature of harassment:_____

Where did this occur? _____

Time of occurrence:_____

Witnesses if any:

- 1.
- 2
- 3.

**Anti-Harassment
Complaint Form**

Date_____

This complaint is being filed against _____ for the following harassment charges.

This complaint is being filed to report a suicide threat made by _____. Below are the details of this threat.

Student, Parent, or Guardian Signature

| |
|---|
| _____ School Official’s Signature |
| _____ Date received |

Harassment Report

School System: _____ School Name: _____

Student Name: _____ ID#: _____

Grade: _____

| (b) Infraction Reported By: | | Student | Parent |
|--|-------------------------|----------------------|------------------|
| <i>Date</i> | | <i>Time</i> | |
| <i>Location</i> | | | |
| (c) Description | | | |
| ___ Inappropriate Gesturing | ___ Damaging Property | ___ Staring/Leering | ___ Spitting |
| ___ Inappropriate Touching | ___ Taunting/Ridiculing | ___ Writing/Graffiti | ___ Stalking |
| ___ Demeaning Comments | ___ Flashing a Weapon | ___ Hitting/Kicking | ___ Stealing |
| ___ Intimidation/Extortion | ___ Shoving/Pushing | ___ Threatening | ___ Name Calling |
| (d) Other related information | | | |
| Indicate if there are other people who could provide information regarding your complaint: | | | |
| Name: | Address: | Telephone Number: | |
| _____ | | | |
| _____ | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

***I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.**

Student _____ Date _____

Parent/Guardian _____ Date _____

BULLYING, HARASSMENT or INTIMIDATION REPORTING FORM

Choctaw County Schools
107 Tom Orr Drive • Butler • Alabama • 36904

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Information gathered through investigation of this report can only be given to the student (victim) and/or his/her parent(s)/guardian(s).

DIRECTIONS: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the principal at the student victim's school. Contact the school for additional information or assistance at any time.

DEFINITION: Bullying, harassment, and intimidation are intentional verbal, written, and/or physical conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities and performance, or with a student's physical or psychological well-being and is as follows:

- Motivated by an actual or a perceived personal characteristic, including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability
- Threatening or seriously intimidating
- Occurs on school property, at a school activity or event, or on a school bus
- Substantially disruptive to the orderly operation of a school

"Electronic communication" means a communication transmitted by means of an electronic device, including but not limited to telephone, cellular phone, computer or pager.

Today's date: ____/____/____
Month Day Year

School: _____

01. Name of student victim: _____ Age: ____ Grade: ____

| 02. Name(s) of alleged offender(s) (If Known) (Please Print) | Age | School (if known) | Is he/she a student? |
|--|-------|-------------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

03. On what date(s) did the incident(s) happen? ____/____/____ ____/____/____ ____/____/____
Month Day Year Month Day Year Month Day Year

04. Where did the incident happen (choose all that apply)?
☐ On school property ☐ On a school bus ☐ At a school-sponsored activity or event off school property

05. Place an ☒ next to the statement(s) that best describes what happened (choose all that apply):

- ☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- ☐ Coercing another person to hit or harm the student
- ☐ Repeated teasing, name-calling, making critical remarks, or threatening, in person or by other means
- ☐ Repeated demeaning statements encouraged to make the victim the basis of jokes
- ☐ Making rude and/or threatening gestures
- ☐ Intimidating, bullying, extorting, or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Electronic Communications (specify): _____
- ☐ Other (specify): _____

06. Did a physical injury result from this incident?
☐ No ☐ Yes, but it did not require medical attention ☐ Yes, and it required medical attention

07. If there was a physical injury, do doctors think there will be permanent effects? ☐ Yes ☐ No

08. Was the student victim absent from school as a result of this incident? ☐ Yes ☐ No

09. If yes, how many days was the student victim absent from school as a result of the incident? _____

10. Did a psychological injury result from this incident?
☐ No ☐ Yes, but outside psychological services have not been sought ☐ Yes, and outside psychological services have been sought

12. Why did the bullying, harassment or intimidation occur?

13. Is there any additional information you would like to provide?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

☐ Student (victim) ☐ Student (witness/bystander) ☐ Parent/Guardian ☐ Close adult relative ☐ School staff

HARASSMENT REPORT FORM

The law and the policy of the Coffee County Board of Education forbid discrimination against any student on the basis of race, color, creed, religion, ethnicity, gender, age, disability or national origin. This policy applies to harassment by other students, employees or other individuals who are subject to the control of school authorities.

Complainant: _____

Date of Alleged Incident(s): _____

Name of person you believe harassed you: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

(Received By)

(Date)

HARASSMENT REPORT FORM

The law and policy of the Covington County Board of Education forbids discrimination against any student on the basis of race, color, creed, religion, gender, age, disability or national origin. This policy applies the harassment by of students who are enrolled in Covington County Schools.

A provision is noted on the form for reporting a threat of suicide by a student. If a threat of suicide is reported, the principal or the principal's designee will complete this form and inform the parents or guardian of the report.

Complaint: _____

Date of Alleged Incident(s): _____

Name a person you believed harassed you: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.) If a threat of suicide was reported, describe the details of the report.

This complaint is filed based on my honest belief that _____
has harassed me. I hereby certify that the information I have provided in this complaint is true, correct,
and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

(Received By)

(Date)

HARASSMENT REPORT FORM
CULLMAN CITY BOARD OF EDUCATION
Cullman, Alabama

.....

General Statement of Policy Prohibiting Harassment:

The Cullman City Board of Education maintains a firm policy prohibiting all forms of harassment. No student shall be subjected to harassment, violence, and/or threats of violence by any other student. All persons are to be treated with respect and dignity. There will be no tolerance for the creation of a hostile learning environment in Cullman City Schools.

Complainant _____

Home Address _____

Home Phone _____ Work Phone _____

Date of Alleged Incident (s) _____

Name of person you believe harassed you _____

Name of person you witnessed being harassed _____

Name of person(s) harassing the individual listed above _____

List any witnesses present _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible (Attach additional pages as necessary)

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE: By affixing my signature below, I attest that I have read and am aware of the contents of the Anti-Harassment Policy JCDAH. I understand my name will not be divulged or released to the accused and will be held confidential to this office.

(Complainant Signature)_____
(Date)

ADOPTED: November 16, 2010

Cullman County Schools Harassment Report

School Name: _____

Student Name _____ Date of Birth _____

INFRACTION REPORTED BY: _____ STUDENT _____ PARENT _____ Grade _____

Date _____ Time _____

Location _____

Description _____

OTHER RELATED INFORMATION (Names of witnesses present and other related information)

HARASSMENT – A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonable perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- a. Make the recipient feel afraid, embarrassed, helpless, angry or unsafe or upsets the recipient to the point that he/she cannot learn or be effective at school.
- b. Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

SEXUAL HARASSMENT – Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment if the conduct substantially interferes with a student's educational performance, or creates an intimidating, hostile, or offensive educational environment.

This complaint is filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Student signature

Date

Parent signature

Date

Received by

Date

CHAPTER 3.00 - SCHOOL ADMINISTRATION

EXHIBIT A TO DALE COUNTY BOE POLICY 5.28

STUDENT HARASSMENT COMPLAINT FORM

****NOTE: IF YOU ARE REPORTING A SUICIDE THREAT, PLEASE FILL OUT THE INFORMATION REQUESTED AT THE BOTTOM OF THIS FORM**

Name of Student Registering Complaint _____
Last First MI

School: _____

Homeroom Teacher: _____

If this complaint is against a particular individual or individuals, please name:

When did the Harassment Begin? _____

List the specific incidents of Harassment
Complained of and the dates each incident
Occurred

Description of Harassment: (Attach additional information if necessary) _____

Requested Remedy/Solution: _____

SUICIDE THREAT: IF YOU OR SOMEONE ELSE HAVE THREATENED SUICIDE, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE AND IMMEDIATELY NOTIFY YOUR SCHOOL PRINCIPAL

Who Threatened Suicide? _____ When? _____ Where was threat made? _____ Where is
this person now? _____ Does this person have a weapon on campus? _____

Other details of threat? _____

I, _____, hereby swear and affirm under oath and subject to penalty of perjury that the above
(Print Name)

statements are true, correct and complete as of this the ____ day of _____, 2____.

(Signature of Student or Legal Guardian)

Received by _____ on this ____ day of _____, 2____.

(Administrator or Counselor)

Dallas County School System
Harassment Complaint Reporting Form

Name of Student: _____ **Today's Date:** _____

Person Filing Complaint: _____ **Phone No.:** _____

Relationship to Student: _____

Date of Alleged Incident: _____ **Time:** _____

Specific Location of Incident: ____ **School:** _____
____ **Other:** _____

Person(s) Involved in Incident: _____

Summary of Incident:

_____/_____/_____

Signature of Student /Date OR Signature of Parent or Guardian/ Date

This **completed form** must be delivered to the principal or the principal's designee either by mail or personal delivery.

DECATUR CITY SCHOOLS
HARASSMENT, INTIMIDATION, OR VIOLENCE REPORTING FORM

Directions: This form is to be used for reporting continual patterns of alleged intentional behavior that is in violation of the Harassment Policy of Decatur City Schools. This form is not intended to report single incident violations of the Decatur City Schools Student Code of Conduct. Once completed, this form should be returned to the building administration of the school wherein the student alleging a violation is enrolled. Please contact the school administration for assistance or questions related to reporting an alleged violation.

Today's date: _____ / _____ / _____ School: _____
Month Day Year

PERSON REPORTING INCIDENT

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____ E-Mail _____

Place an X in the appropriate box: ☐ Student ☐ Student (Witness) ☐ Parent/Guardian

1. Name of student alleging a violation: _____ Grade: ____ Sex ____ Race ____
(Please print)

| 2. Name(s) of alleged offender(s): | Grade | Sex | Race | School |
|------------------------------------|-------|-------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

3. On what date(s) did the incident happen?:

_____/_____/_____/_____/_____/_____/_____/_____/_____
Month Day Year Month Day Year Month Day Year

4. Have you reported previous problems of this nature concerning the alleged offender? ☐ Yes ☐ No
If yes, to whom: _____ Date reported: _____

5. Where did the incident happen (choose all that apply)?

- ☐ On school property (Which school): _____
- ☐ At a school-sponsored activity or event off of school property
- ☐ On a school bus ☐ On the way to/from school
- ☐ Other (Describe): _____

6. What did the alleged offender(s) say or do? _____

continue on back of paper if necessary

7. Nature of your relationship with alleged offender(s): _____

8. Do you have any physical evidence to submit? ☐ Yes ☐ No
If yes, describe evidence: _____

9. List all witnesses to alleged offense:

10. Is there any additional information you would like to provide:

Signature of Person Reporting: _____ Date: _____

Signature of Administration: _____ Date: _____

Administration Notes:

DeKalb County Board of Education Bullying/Harassment Report Form

The DeKalb County Board of Education maintains a firm policy prohibiting bullying and harassment. Everyone is to be treated with respect and dignity. Bullying/Harassment by any student, teacher, administrator or other school personnel which creates an intimidating environment will not be tolerated under any circumstances.

(Only use this form to report issues relating to bullying or harassment)

Your Name: _____ **(Optional, but helpful)**

I am a: (Check One) ☐ **Student** ☐ **Parent/Guardian/Family Member**

School Name: _____ **Today's Date** _____

Describe What Happened:

(Include information- names- on the bully/harasser, victim, any witnesses/bystanders, etc.)

Location of Incident: _____

Date and Time this happened: _____

What sort of help would you like with this issue? (Optional)

Have you told anyone else about this incident? Who? (Optional)

Additional Information: (Optional)

The school administration will conduct an investigation based on this report. Confidentiality cannot always be maintained based on the ultimate outcome of the investigation. After the investigation, a conference with the parent(s) will be required. Any criminal behavior shall be reported to law enforcement.

This form may be obtained in the office of the principal, counselor, or nurse. Return the form to the school office.

BULLYING, HARASSMENT or INTIMIDATION REPORTING FORM

Demopolis City Schools
609 South Cedar Street, Demopolis, Alabama 36732

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Information gathered through investigation of this report can only be given to the student (victim) and/or his/her parent(s)/guardian(s).

DIRECTIONS: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the principal at the student victim's school. Contact the school for additional information or assistance at any time.

DEFINITION: Bullying, harassment, and intimidation are intentional verbal, written, and/or physical conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities and performance, or with a student's physical or psychological well-being and is as follows:

- Motivated by an actual or a perceived personal characteristic, including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability
- Threatening or seriously intimidating
- Occurs on school property, at a school activity or event, or on a school bus
- Substantially disruptive to the orderly operation of a school

"Electronic communication" means a communication transmitted by means of an electronic device, including but not limited to telephone, cellular phone, computer or pager.

Today's date: ____/____/____
Month Day Year

School: _____

01. Name of student victim: _____

Age: ____ Grade: ____

02. Name(s) of alleged offender(s) (If Known) (Please Print) Age School (if known)

Is he/she a student?

☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

03. On what date(s) did the incident(s) happen? ____/____/____ ____/____/____ ____/____/____
Month Day Year Month Day Year Month Day Year

04. Where did the incident happen (choose all that apply)?

☐ On school property ☐ On a school bus ☐ At a school-sponsored activity or event off school property

05. Place an ☒ next to the statement(s) that best describes what happened (choose all that apply):

- ☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- ☐ Coercing another person to hit or harm the student
- ☐ Repeated teasing, name-calling, making critical remarks, or threatening, in person or by other means
- ☐ Repeated demeaning statements encouraged to make the victim the basis of jokes
- ☐ Making rude and/or threatening gestures
- ☐ Intimidating, bullying, extorting, or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Electronic Communications (specify): _____
- ☐ Other (specify): _____

06. Did a physical injury result from this incident?

☐ No ☐ Yes, but it did not require medical attention ☐ Yes, and it required medical attention

07. If there was a physical injury, do doctors think there will be permanent effects?

☐ Yes ☐ No

08. Was the student victim absent from school as a result of this incident?

☐ Yes ☐ No

09. If yes, how many days was the student victim absent from school as a result of the incident? _____

10. Did a psychological injury result from this incident?

☐ No ☐ Yes, but outside psychological services have not been sought ☐ Yes, and outside psychological services have been sought

CONTINUED ON BACK PAGE

[illegible]

☐ Student (victim) ☐ Student (witness/bystander) ☐ Parent/Guardian ☐ Close adult relative ☐ School staff

HARASSMENT REPORT FORM

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of alleged incident _____

Type of Harassment: sexual _____ racial _____ religious _____

national origin _____ disability _____?

Name of person you believe harassed you or another person _____

If the alleged harassment was toward another person, identify that other person

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any, physical contact was involved? Attach additional pages as necessary.

When and Where did the incident occur?

List any witnesses who were present: _____

This complaint is based upon my honest belief that _____
has harassed me or another person. I hereby certify that the information I have provided in this
complaint is true, correct, and complete to the best of my knowledge.

(complainant's signature)

Date

(received by)

Date

ENTERPRISE CITY SCHOOLS

BULLYING, HARASSMENT OR INTIMIDATION REPORTING FORM

Directions: Bullying, harassment, or intimidation are serious acts and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or an event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you wish to report an incident of alleged bullying, harassment, or intimidation, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Today's date: ____/____/____ School: ____
Month Day Year

**Person Reporting Incident
(Please print)**

Name: _____

Telephone: _____ E-mail: _____

1. Name of student victim: _____ Age _____ Grade _____

2. Name(s) of alleged offender(s) (if known):

School (if known)

3. Where did the incident occur (choose all that apply)?

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

4. Place an X next to the statement(s) that best describes what happened (choose all that apply):

☐ Any bullying, harassment, or intimidation that involves physical aggression
☐ Getting another person to hit or harm the student
☐ Teasing, name-calling, making critical remarks, or threatening, in person or by other means
☐ Demeaning and making the victim of jokes
☐ Making rude and/or threatening gestures
☐ Excluding or rejecting the student
☐ Intimidating (bullying), extorting, or exploiting
☐ Spreading harmful rumors or gossip
☐ Electronic communication (specify) _____
☐ Other (specify) _____

5. What did the alleged offender(s) say or do? _____

6. Do you have any information to share about why the bullying, harassment or intimidation occurred? _____

7. Is there any additional information you would like to provide? _____

Signature: _____

Date: _____

Student Anti-Harassment Complaint Form
Board Policy #934
Escambia County School System

I. General Information of Student(s) Filing Complaint:

- A. Student's Name: _____
- B. Residence Street Address: _____
- C. City, State, & Zip Code: _____
- D. Telephone Number(s): _____
- E. Date of Birth and Age: _____
- F. School: _____
- G. Grade: _____
- H. Names of Parents/Guardians: _____

II. Description of Complaint

Is the above named complainant, filing a complaint regarding any of the following action or actions, which are in violation of the Escambia County Board of Education student anti-harassment policy? ☐ YES or ☐ NO.

If Yes, please describe the general nature of your complaint by checking one or more of the following descriptions:

☐ Harassment ☐ Violence ☐ Threats of Violence ☐ Intimidation ☐ Other.

If Other is indicated, please describe the nature of the complaint: _____

(2)

III. Information Regarding the Offending Student, when the incident occurred, and where the incident occurred.

In the space provided, please provide the name of the offending student(s), when the incident occurred, and where did the incident occurred:

IV. Complaint for Harassment

If you are making a complaint for harassment pursuant to the Escambia County Board of Education Policy #934, please state fully and in specific detail the following information:

- A. Did the incident place you in reasonable fear or harm to your person and/or damage to your property? ☐ Yes ☐ No
- B. Did the incident have the effect of substantially interfering with the educational performance, opportunity or benefits for you? ☐ Yes ☐ No
- C. Did the incident have the effect of substantially disrupting or interfering with the orderly operation of the school you attend? ☐ Yes ☐ No
- D. Did the incident have the effect of being creating a hostile environment in the school, on school property, on a school bus or at a school-sponsored function? ☐ Yes ☐ No
- E. Did the incident have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening or abusive educational environment for you?
☐ Yes ☐ No

(3)

- F. Please describe fully and in specific detail the incident(s) of alleged harassment directed toward you: _____

- G. Please state what was said by you and what was said by the alleged offending student(s) regarding the nature of your complaint: _____

V. Violence or Threat of Violence Complaint

If you are making a complaint of violence or threat of violence complaint pursuant to the Escambia County Board of Education student anti-harassment policy, please state fully and in specific detail the following information:

- A. A description of the infliction of physical force inflicted upon you by another student(s) with the intent to cause injury to you or to your property; a description of any personal injuries sustained by you as a result of alleged said violence; and, a description, including the nature and extent of any damage to your property as a result of the alleged said violence:

(4)

B. What was said by you during the violent incident or threat of violence complained of?

C. What was said by the alleged offending student(s) during the violent incident or threat of violence complained of?

VI. Complaint for Intimidation

If you are making a complaint for intimidation pursuant with the school system's student anti-harassment policy, please specifically indicate the following:

A. Did the act complained of intimidate you? ☐ Yes ☐ No

B. Did the act complained of cause fear to you? ☐ Yes ☐ No

C. Did the acts complained of constitute a threat that was intended to cause fear of apprehension in you especially for the purpose of coercing or deterring you from participating in or taking advantage of any school program, benefit, activity, or opportunity for which the offending student(s) is or would be eligible? ☐ Yes ☐ No

If you marked "Yes," please explain in specific detail:

(5)

VII. Basis for Alleged Offender's Actions

Do you claim that the alleged offender's actions were done for any of the following reasons? Please mark any of the below listed reasons that may be applicable due to the nature of your complaint:

Your race ☐Your sex ☐Your religion ☐Your national origin ☐Your disability ☐Other reason(s) ☐

If you indicated any of the above reasons, please explain thoroughly:

VIII. Witnesses

Please state the correct names of any all persons, including students, employees of the school system, and other individuals who may have witnessed the incident or incidents submitted and described by you in this complaint:

(6)

IX. Supporting Evidence

Do you have any supporting evidence and/or documents to support your complaint? Examples of evidence include the following: letters, notes, e-mails, photographs, recordings, bills evidencing monetary loss, etc.

Are you willing to deliver any of the above described evidence to school officials in order that the principal or his/her designee can make an investigation of this complaint? ☐ Yes ☐ No

If you indicated "Yes," please explain what type of supporting evidence you will provide to school officials: _____

X. Reporting Suicide Threats

The Student Harassment Prevention Act Number 2009-571 enacted by the Alabama Legislature on May 7, 2009 requires the following questions to be asked on this complaint form. Do you have any personal knowledge that any student attending your school has threatened to commit suicide? ☐ Yes ☐ No

If you indicated "Yes," please state the correct name of the student who threatened to commit suicide: Student's name _____

XI. Verification

Are the statements contained in this complaint true and accurate to the best of your knowledge? ☐ Yes ☐ No

Are you aware that the Escambia County School System Student Anti-Harassment Policy provides that disciplinary action may be taken against the person or persons who have deliberately and recklessly falsely accused another? ☐ Yes ☐ No

(7)

Submission Date of Complaint: _____

Signature of Student Filing Complaint: _____

Signatures of Student's Parents or Legal Guardians:

WITNESSED By:

Etowah County School System Harassment Report

School Name: _____

Student Name: _____ ID#: _____

Grade: _____

| INFRACTION REPORTED BY: _____ STUDENT _____ PARENT | | | | |
|--|--|--|------|--|
| Date | | | Time | |
| Location | | | | |
| DESCRIPTION | | | | |
| | | | | |
| OTHER RELATED INFORMATION | | | | |
| | | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student _____ Date _____

Parent/
Guardian _____ Date _____

Harassment Complaint Form

Name of Complainant:

Name(s) of Alleged Perpetrator:

I. Nature of Complaint :

(List dates, places, names of witnesses, if any, and description of offense)

I have read the above information and certify it to be true.

Complainant's Signature
(Student or Legal Guardian of Student)

Date Complaint Filed

II. Results of Investigation and Administrative Response:

Principal/Administrator's Signature

Date of Complaint Resolution

III. Policy Provision for Threat of Suicide:

If a threat of suicide is reported, the principal will inform the student's parent or legal guardian of the report and document the threat and administrative response to the threat of suicide on this form.

APPENDIX A

GENEVA CITY SCHOOLS ANTI-HARASSMENT/ANTI-BULLYING COMPLAINT FORM

Submit this form to your school's office. Office personnel should submit this form to the school principal.

Person alleging harassment, bullying, and/or violence:

Name: _____ Grade: _____ School Enrolled: _____

Person against whom allegation of harassment, bullying, and/or violence is being made:

Name: _____ Grade: _____ School Enrolled: _____

Basis of harassment, bullying and/or violence: Please check appropriate box(s)

Race___ Sex___ Religion___ National Origin___ Disability___ Other (describe) _____

Person referring the complaint, if different from person alleging harassment, bullying, violence:

Name: _____ Grade (if applicable):___ Phone: _____ Relationship to the victim: _____

Using the space below and/or additional attachments, describe the events and/or behaviors that are the subject of the complaint. Include any individuals you've talked with on campus, the names of witnesses, as well as dates, times, and locations. ***If a threat of suicide by a student is being reported, please note and describe the events surrounding your knowledge of this situation.***

Describe any action(s) you have taken to stop the harassment, bullying, and/or violence?

I agree to cooperate with any investigation conducted by the school, and I understand that if I am found to have knowingly provided false information in this complaint I may be subject to disciplinary action under the Code of Student Conduct.

Signed: _____ Dated: ____/____/____

Written Decision Regarding Bullying Allegation:

Investigation Completed By:

Date of Completion of Investigation:

Determination of Investigation:

Regarding the allegation of the bullying incident during _____

Regarding the alleged incident _____, it has been determined through interviews with the perpetrator and other witnesses, that

_____punishment will be addressed with the appropriate measures outlined in the Student Code of Conduct.

GENEVA COUNTY SCHOOLS- PROCEDURE MANUAL

Harassment Report

School System: _____ School Name: _____

Student Name: _____ ID#: _____

Grade: _____

| | | | |
|---|--|-------------|--|
| INFRACTION REPORTED BY: _____ STUDENT _____ PARENT | | | |
| <i>Date</i> | | <i>Time</i> | |
| <i>Location</i> | | | |
| DESCRIPTION | | | |
| | | | |
| OTHER RELATED INFORMATION | | | |
| | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student _____ Date _____

Parent/
Guardian _____ Date _____

GREENE COUNTY SCHOOL DISTRICT

Bully Report Form

Student/Employee Form

Please fill this form out completely.

Be sure you are anonymous when printing (pick up as soon as you print). Place in the black box in the counselor's office.

Name: _____ Date: _____ Grade: _____

Location: _____

I am being bullied/harassed and this is what I have tried to do:

- | | |
|--|--|
| <input type="checkbox"/> Told them to stop. | <input type="checkbox"/> Asked a friend to help. |
| <input type="checkbox"/> Walked Away. | <input type="checkbox"/> Talked to a parent |
| <input type="checkbox"/> Told a teacher or other adult | <input type="checkbox"/> Ignored it. |
| <input type="checkbox"/> Notified the office. (Date _____) | <input type="checkbox"/> Talked to a colleague |
| <input type="checkbox"/> Reported incident to immediate supervisor. (Date _____) | |
| <input type="checkbox"/> Reported incident to the Superintendent. (Date _____) | |

Person bullying me: _____

What has the bully done to me: (Please be very specific)

Meeting held _____

Comments: _____

Have you seen or experienced harassment or bullying?

***Harassment and/or bullying:** means a continuous pattern of behavior at or on school property or at a school-sponsored function including, but not limited to: written, electronic, verbal or physical acts that are perceived as being motivated by any characteristic of a student or by the association of a student with an individual who has a particular characteristic, if the characteristic refers to the student's race, sex, religion, national origin or disability.

Harassment becomes a pattern when it puts the student in reasonable fear of harm to his/her person or property, substantially interferes with his/her school performance, opportunities or benefit, disrupts or interferes with the orderly function of the school, creates a hostile environment in the school setting, or is in any way, severe, persistent or pervasive enough to create an intimidating, threatening or abusive atmosphere.

Where did the action take place:

When did it happen (time and date, as close as possible):

Who was the person doing the harassment or bullying?

Who got harassed or bullied?

Describe what you saw: _____

Turn your completed form into any teacher or into the office.

HARTSELLE CITY SCHOOLS

Harassment Report

☐ Barkley Bridge ☐ F.E. Burleson ☐ Crestline ☐ Hartselle Jr. High ☐ Hartselle High

Student Name _____ Date of Birth _____

INFRACTION REPORTED BY: _____ STUDENT _____ PARENT _____ Grade _____

Date _____ Time _____

Location _____

Description _____

OTHER RELATED INFORMATION (Names of witnesses present and other related information)

HARASSMENT – A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- a) Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- b) Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- c) Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d) Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e) Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

SEXUAL HARASSMENT – Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment if the conduct substantially interferes with a student's educational performance, or creates an intimidating, hostile, or offensive educational environment.

This complaint is filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Student signature

Date

Parent signature

Date

Received by

HENRY COUNTY SCHOOLS HARASSMENT REPORT

DATE: _____

PERSON FILING REPORT: _____

If not harassed student relationship to student: _____
(parent, guardian, friend, etc.)

Contact information: Address: _____

City, State, Zip: _____

Phone Number: _____

Description of harassing behavior:

(if more space is needed, please use back of this form)

If this is a minor allegation, do you wish for this incident to be presented and resolved informally?
(circle one) YES NO

Is there evidence of a threat of suicide by a student? If so, please explain: _____

(if more space is needed, please use back of this form)

****A student who deliberately, recklessly, and falsely accuses another student of a violation of this policy shall be subject to disciplinary actions as outlined in the Henry County Code of Learner Conduct.**

Student Signature

Parent/Guardian Signature

Harassment Complaint Form

Name of Complainant:

Name(s) of Alleged Perpetrator:

I. Nature of Complaint:

(List dates, places, names of witnesses, if any, and description of offense)

I have read the above information and certify it to be true.

*Complainant's Signature
Legal Guardian of Student)*

Date Complaint Filed (Student or

II. Results of Investigation and Administrative Response:

Principal/Administrator's Signature

Date of Complaint Resolution

III. Policy Provision for Threat of Suicide:

If a threat of suicide is reported, the principal will inform the student's parent or legal guardian of the report and document the threat and administrative response to the threat of suicide on this form.

HOOVER CITY SCHOOLS

BULLYING, HARASSMENT OR INTIMIDATION REPORTING FORM (Approved Nov. 4, 2010)

Directions: Bullying, harassment, or intimidation are serious acts and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or an event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you wish to report an incident of alleged bullying, harassment, or intimidation, complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Today's date: _____ / _____ / _____ School: _____
Month Day Year

**Person Reporting Incident
(Please print)**

Name: _____

Telephone: _____ E-mail: _____

1. Name of student victim: _____ Age _____ Grade _____

2. Name(s) of alleged offender(s) (if known):

School (if known)

3. Where did the incident occur (choose all that apply)?

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

4. Place an X next to the statement(s) that best describes what happened (choose all that apply):

☐ Any bullying, harassment, or intimidation that involves physical aggression
☐ Getting another person to hit or harm the student
☐ Teasing, name-calling, making critical remarks, or threatening, in person or by other means
☐ Demeaning and making the victim of jokes
☐ Making rude and/or threatening gestures
☐ Excluding or rejecting the student
☐ Intimidating (bullying), extorting, or exploiting
☐ Spreading harmful rumors or gossip
☐ Electronic communication (specify) _____
☐ Other (specify) _____

5. What did the alleged offender(s) say or do? _____

6. Do you have any information to share about why the bullying, harassment or intimidation occurred? _____

7. Is there any additional information you would like to provide? _____

Signature: _____

Date: _____

HOUSTON COUNTY SCHOOLS HARASSMENT REPORT

DATE: _____

PERSON FILING REPORT: _____

If not harassed student relationship to student:

(parent, guardian, friend, etc.)

Contact information: Address: _____

City, State, Zip: _____

Phone Number: _____

Description of harassing behavior:

If this is a minor allegation, do you wish for this incident to be presented and resolved informally?
(circle one) YES NO

Is there evidence of a threat of suicide by a student? If so, please explain:

****A student who deliberately, recklessly, and falsely accuses another student of a violation of this policy shall be subject to disciplinary actions as outlined in the Houston County Code of Student Conduct.**

Student Signature

Parent/Guardian Signature

APPENDIX A 106-21P

Harassment Report

School System: _____ School Name: _____

Student Name: _____ Date: _____

Grade: _____

| INFRACTION REPORTED BY: _____ STUDENT _____ PARENT _____ | | | |
|--|--|-------------|--|
| <i>Date</i> | | <i>Time</i> | |
| <i>Location</i> | | | |
| DESCRIPTION | | | |
| | | | |
| OTHER RELATED INFORMATION | | | |
| | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- a. Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- b. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Received by: _____ Date _____

Student _____ Date _____

Parent/
Guardian _____ Date _____

**Jackson County Schools
Harassment Complaint Form**

School _____

Complainant Information:

Name _____

Mailing Address: _____

Current 911 Address _____

Telephone Number _____

Reason for complaint

Complainant Signature

Date

Jacksonville City School System Harassment Report

School Name: _____

Student Name: _____ ID#: _____

Grade: _____

| INFRACTION REPORTED BY: _____ STUDENT _____ PARENT _____ | | | | |
|--|--|--|------|--|
| Date | | | Time | |
| Location | | | | |
| DESCRIPTION | | | | |
| | | | | |
| OTHER RELATED INFORMATION | | | | |
| | | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student _____ Date _____

Parent/
Guardian _____ Date _____

**JEFFERSON COUNTY BOARD OF EDUCATION
REPORT OF VIOLENCE, THREAT OF VIOLENCE, HARASSMENT
AND/OR INTIMIDATION**

School Name: _____ Student Name: _____

ID#: _____ Grade: _____

INCIDENT REPORTED BY: **STUDENT** _____ **PARENT/GUARDIAN** _____

Date of Incident: _____ *Time:* _____

Specific Location of Incident: _____

DESCRIPTION OF CONDUCT/CIRCUMSTANCES LEADING TO COMPLAINT/REPORT:

(Attach Additional Sheets if Necessary)

REQUESTED RESOLUTION/RELIEF:

(Attach Additional Sheets if Necessary)

OTHER INFORMATION:

I believe the incident in question was motivated by the following characteristic(s)
(Check All That Apply):

- _____ Race
- _____ Disability
- _____ National Origin
- _____ Religion
- _____ Gender

The incident resulted in a threat of suicide by the victim:

- _____ Yes
- _____ No

Student : _____

Signature

Date: _____

OR

Parent/Guardian: _____

Signature

Date: _____

DELIVER OR MAIL TO THE PRINCIPAL'S OFFICE

Use Back page if more space needed:

Student(s) Involved Names: _____

Student's or Parent's/Guardian's Signature,

Student Parent/Guardian

Principal's/Designee's Documentation on back or attached:

Lee County Board of Education Harassment/Bullying Complaint Form

School: _____ Date: _____

Name of Individual: _____ () Student () Employee () Visitor

Name of Individual Filing Report if Different From Above: _____

Relationship to Individual: _____

Individual's Address: _____

Phone: _____ Date(s) of Occurrence: _____

Location of Occurrence: _____

Describe the Occurrence, Including Names of Individuals Involved (use back of form if necessary): _____

Has this or similar incidents occurred? _____ If yes, when? _____

If yes, use back of form to described these incidents.

How did the occurrence make the individual feel? _____

Signature of Individual

Signature of Parent/Guardian

Form Must Have at Least One Signature

School Official Receiving Form: _____ Date Received: _____

This form, along with school official's findings, must be kept on file at the school.

**LEEDS CITY BOARD OF EDUCATION
REPORT OF VIOLENCE, THREAT OF VIOLENCE, HARASSMENT,
BULLYING OR INTIMIDATION**

School Name: _____ Student Name: _____

ID#: _____ Grade: _____

INCIDENT REPORTED BY: STUDENT _____ **PARENT/GUARDIAN** _____

Date of Incident: _____

Time: _____

Specific Location of

Incident: _____

DESCRIPTION OF CONDUCT/CIRCUMSTANCES LEADING TO COMPLAINT/REPORT:

(Attach Additional Sheets if Necessary)

REQUESTED RESOLUTION/RELIEF:

(Attach Additional Sheets if Necessary)

OTHER INFORMATION:

I believe the incident in question was
motivated by the following characteristic(s)

(Check All That Apply):

___ Race

___ Disability

___ National Origin

___ Religion

___ Gender

The incident resulted in a threat of suicide by
the victim:

___ Yes

___ No

Student: _____
Signature

Date: _____

OR

Parent/Guardian: _____
Signature

Date: _____

DELIVER OR MAIL TO THE PRINCIPAL'S OFFICE

Approved:

LCBE/Policy No. 5.28, Anti-Harassment

Limestone County School System Initial Harassment Report
(To be completed by the student alleging the violation; or by the student's parent/legal guardian)

(This form may also be used to report a threat of suicide by a student)

Please keep this information in confidence.

Name of Student Making Report _____ **Date of Report** _____

Name(s) of Reported Victims: _____

Date & Time of the Incident: _____ **Location of the Incident:** _____

Name of the Individual(s) Suspected of Harassing: _____

Description of the Incident: (If additional paper is necessary attach to this form.)

Witnesses Present: _____

I hereby certify that this account is an accurate description: _____
(Reporting Student or Parent/Legal Guardian Signature)

SOURCE: *Limestone County Board of Education, Athens, Alabama*
ADOPTED: February 8, 2011

Madison City Schools
Student Grievance Form based on Harassment, Sexual Harassment, and Other
Grievances or Complaints

By completing this form, I am filing a grievance or complaint against the person named below. I request that my grievance be heard and request an appropriate response or corrective action.

This Grievance or Complaint is based on :

_____ Harassment, Violence or Threats of Violence by a student

_____ Sexual Harassment

_____ Other Complaint or Grievance, specifically: _____

Student Name: _____ Date: _____

School: _____ Grade: _____

Who is the person against whom you wish to file this grievance: _____

What did this person do: _____

State specifically what the person did and how it affected you (Attach additional paper, if needed.)

When did this happen (over what time if continuing or more than once): _____

Do you have suggestions for resolving this situation. If so, list them here: _____

(Attach additional paper, if needed)

Student Signature (or parent/guardian): _____

Printed Name: _____

DO NOT WRITE BELOW THIS LINE

Date Grievance Received: _____ Principal: _____

Date Reply Delivered: _____ Principal: _____

Date Appeal of Grievance Received: _____ Superintendent or Designee: _____

Date Appeal Reply Delivered: _____ Superintendent or Designee: _____

MADISON COUNTY BOARD OF EDUCATION SCHOOL: _____

STUDENT HARASSMENT REFERRAL/ACTION

GENERAL INFORMATION

| | | | |
|-------------------|--------------------|-------------------------|-------------------|
| Last Name: | First: | Grade: | Time of Incident: |
| Date of Incident: | | Date of Referral: | |
| Reported by: | Title of Reporter: | Location of Infraction: | |

HARASSMENT REFERRAL ACTION

| | |
|--|--|
| <input type="checkbox"/> Harassment: _____ | <input type="checkbox"/> Other Infraction: (Explain) _____ |
| Threat of Suicide <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Description of Infraction:

ACTION(S) TAKEN BY TEACHER

**** NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.**

| | |
|---|--|
| <input type="checkbox"/> Parent Notification by phone: Date(s) _____ | <input type="checkbox"/> Parent Notification by Letter: Date(s) _____ |
| <input type="checkbox"/> Previous Parental Notification(s) by Phone Date/Time: _____ Date/Time: _____ Date/Time: _____ | <input type="checkbox"/> Parental Notification on this Incident Date/Time: _____ Phone #: _____ Name of Parent Contacted: _____ |
| <input type="checkbox"/> Verbal Warning: Date(s) _____ | <input type="checkbox"/> Conference with Student: Date(s): _____ |
| <input type="checkbox"/> Silent Lunch: Date(s) _____ | <input type="checkbox"/> In-Class Displacement: Date(s): _____ |
| <input type="checkbox"/> Conference with Parents: Date(s) _____ | <input type="checkbox"/> After-School Detention: Date(s): _____ |
| <input type="checkbox"/> Other Action(s): _____ | |

ADMINISTRATIVE ACTION

| | | | |
|---|--|---|--|
| <input type="checkbox"/> Consultation with Student in Office | Code of Conduct (C.O.C.) Information Given: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Warning Issued for Offense | Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written | | |
| <input type="checkbox"/> Parent Notification Method <input type="checkbox"/> Phone Phone #: _____ Date: _____ Time: _____ Contact: _____ | <input type="checkbox"/> Copy of Referral | <input type="checkbox"/> Letter <input type="checkbox"/> Student Delivery <input type="checkbox"/> 1 st Class <input type="checkbox"/> Certified Mail | |
| <input type="checkbox"/> In-School Suspension (ISS) | No. of Days: _____ | Inclusive Dates: _____ | |
| <input type="checkbox"/> Out-of-School Suspension (OSS) | No. of Days: _____ | Inclusive Dates: _____ | |
| <input type="checkbox"/> After-School Detention (ASD) | No. of Days: _____ | Inclusive Dates: _____ | |
| <input type="checkbox"/> Saturday School (SS) | Date: _____ | NOTE: CC: Referral to SS Coordinator | |
| <input type="checkbox"/> Guidance Counselor Referral (GCR) | Name of Counselor: _____ | NOTE: CC: Referral to Counselor | |
| <input type="checkbox"/> Campus Police Referral | Officer #: _____ | NOTE: See C.O.C. for Requirements | |
| <input type="checkbox"/> Other Action (Explain): _____ | | | |
| <input type="checkbox"/> Harassment Consequences, reprisals, retaliation, or false accusations actions explained | | | |

STUDENT SIGNATURE: _____ DATE: _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

**COMPLAINT OF HARASSMENT, VIOLENCE OR THREATS OF VIOLENCE
AGAINST SELF OR OTHERS**

Please print:

Name of Person Filing Complaint _____ Date _____

If complaint is being filed by parent/legal guardian, please provide the following

Address _____

Telephone (____) _____ or number where you may be contacted _____
during the hours of _____

SECTION I If this form is being used to report threats of suicide by a student, please provide the student's name along with relevant information surrounding threats. Otherwise please go to the next section.

SECTION II Complaint of Harassment, violence, or acts of Violence Against others

I wish to register a complaint against: (Name of person)

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times and places.

Indicate if there are other people who could provide more information regarding your complaint: Include address and telephone number if non-student.

Name, Address Telephone Number

Indicate your opinion on possible resolutions to this problem. These will be considered in determining the most appropriate action to be taken.

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

Signature of Complainant

School

Date

Please return the original completed form to the school Principal. A copy of this will be provided to the complainant.

Complaint received on _____

By: _____

MIDFIELD CITY SCHOOLS

STUDENT HARASSMENT REFERRAL ACTION

GENERAL INFORMATION

| | | | |
|-------------------|--------------------|-------------------------|-------------------|
| Last Name: | First: | Grade: | Time of Incident: |
| Date of Incident: | | Date of Referral: | |
| Reported by: | Title of Reporter: | Location of Infraction: | |

HARASSMENT REFERRAL ACTION

| | | | |
|--------------------------|-------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Harassment: _____ | <input type="checkbox"/> | Other Infraction: (Explain) _____ |
|--------------------------|-------------------|--------------------------|-----------------------------------|

Description of Infraction:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

ACTION(S) TAKEN BY TEACHER

**** NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.**

| | | | | | | | | | |
|--------------------------|---|-----------|-----------|--------------------------|--|--|-----------|---------|--------------------------|
| <input type="checkbox"/> | Parent Notification by phone: Date(s) _____ | | | <input type="checkbox"/> | Parent Notification by Letter: Date(s) _____ | | | | |
| <input type="checkbox"/> | Previous Parental Notification(s) by Phone | Date/Time | Date/Time | Date/Time | <input type="checkbox"/> | Parental Notification on this Incident | Date/Time | Phone # | Name of Parent Contacted |
| <input type="checkbox"/> | Verbal Warning: Date(s) _____ | | | <input type="checkbox"/> | Conference with Student: Date(s): _____ | | | | |
| <input type="checkbox"/> | Silent Lunch: Date(s) _____ | | | <input type="checkbox"/> | In-Class Displacement: Date(s): _____ | | | | |
| <input type="checkbox"/> | Conference with Parents: Date(s) _____ | | | <input type="checkbox"/> | After-School Detention: Date(s): _____ | | | | |
| <input type="checkbox"/> | Other Action(s): _____ | | | | | | | | |

ADMINISTRATIVE ACTION

| | | | | |
|--------------------------|---|--|--|--|
| <input type="checkbox"/> | Consultation with Student in Office | | Code of Conduct (C.O.C.) Information Given: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> | Warning Issued for Offense | | Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written | |
| <input type="checkbox"/> | Parent Notification Method | <input type="checkbox"/> Phone Phone #: _____ Date: _____ Time: _____ Contact: _____ | <input type="checkbox"/> Copy of Referral <input type="checkbox"/> Letter <input type="checkbox"/> Student Delivery <input type="checkbox"/> 1 st Class <input type="checkbox"/> Certified Mail | |
| <input type="checkbox"/> | In-School Suspension (ISS) | No. of Days: _____ | Inclusive Dates: _____ | |
| <input type="checkbox"/> | Out-of-School Suspension (OSS) | No. of Days: _____ | Inclusive Dates: _____ | |
| <input type="checkbox"/> | After-School Detention (ASD) | No. of Days: _____ | Inclusive Dates: _____ | |
| <input type="checkbox"/> | Saturday School (SS) | Date: _____ | NOTE: CC: Referral to SS Coordinator | |
| <input type="checkbox"/> | Guidance Counselor Referral (GCR) | Name of Counselor: _____ | NOTE: CC: Referral to Counselor | |
| <input type="checkbox"/> | Campus Police Referral | Officer #: _____ | NOTE: See C.O.C. for Requirements | |
| <input type="checkbox"/> | Other Action (Explain): _____ | | | |
| <input type="checkbox"/> | Harassment Consequences, reprisals, retaliation, or false accusations actions explained | | | |

STUDENT SIGNATURE: _____ DATE: _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____

LOCAL SCHOOL HARASSMENT COMPLAINT REPORT

Date of Report: _____

Filed by: _____ Student ___ Parent ___ Legal Guardian
(Name)

Who: (Names of those involved) _____

What: (Account of Incident) _____

When: (Date of Incident) _____

Where: (Location) _____

Complainant Signature Required

STUDENT HARASSMENT REFERRAL ACTION FORM**GENERAL INFORMATION**

Last name: _____ First: _____

Grade: _____ Time of incident: _____

Incident reported by: _____ Location of Incident: _____

HARASSMENT REFERRAL ACTION☐ Harassment: _____☐ Other Infraction (Explain) _____**ADMINISTRATIVE ACTION**☐ Consultation with student in office Date: _____☐ Warning issued for offense Method: Verbal _____ Written _____Parent Notification Method: ☐ Meeting ☐ Phone: Phone number: _____
Date: _____ Time: _____ Contact: _____☐ In-School Suspension Number of days _____ Date(s) _____☐ Out-of-School Suspension Number of days _____ Date(s) _____☐ After-School Detention Number of days _____ Date(s) _____☐ Guidance Counselor Referral Date: _____☐ Other Action taken: _____

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Adopted: June 10, 2010



Complaint Form

Date of Complaint_____ **Date of Incident(s)**_____

Description of Incident (please include details of specific actions, events, written or verbal threats, injury, damage to property, retaliation, or any other circumstance which you think is important.)

[illegible]

Are there any indications of a threat of hurting yourself or another person?

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____

Harassment Complaint Form

This report **MUST** be completed to file a complaint relating to an incident of alleged harassment. *(For the purpose of this form, harassment also includes violence, threats of violence, or intimidation by another student.)* This form should be submitted to the principal or the principal's designee either by mail or personal delivery.

COMPLAINANT'S NAME (Last, First, Middle)

SEX (M/F)

GRADE

VICTIM'S NAME (Last, First, Middle)

SEX (M/F)

GRADE

ACCUSED'S NAME (Last, First, Middle)

SEX (M/F)

GRADE

SITE WHERE INCIDENT OCCURRED

(i.e., locker room, playground, cafeteria, classroom, etc.)

School Name

PRINCIPAL'S NAME: _____ **Date of Incident:** _____

Describe the incident:

Describe the location where the incident took place:

List all witness names and grades:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Complainant

Date

Name of Person Receiving
Harassment Complaint Form

Date

Thank you. If you fear a student is in IMMEDIATE danger, please contact the police immediately!

Harassment Witness Statement Form

This report **MUST** be completed when there is a witness to an incident of alleged harassment. *(For the purpose of this form, harassment also includes violence, threats of violence, or intimidation by another student.)* This form should be submitted to the principal or the principal's designee either by mail or personal delivery.

WITNESS' NAME (Last, First)

(ex: Parent, Student, Teacher)

WITNESS' TITLE

INTERVIEW DATE

VICTIM'S NAME (Last, First)

ACCUSED'D NAME (Last, First)

SCHOOL SITE WHERE INCIDENT OCCURRED

(i.e., locker room, playground, cafeteria, classroom, etc.)

SCHOOL TELEPHONE NUMBER

PRINCIPAL'S NAME

DATE OF INCIDENT

Describe the incident witnessed:

Describe the location where the incident took place:

List any other witness' names and grades:

List evidence of harassment (i.e., letters, pictures, etc.) Attach all listed evidence, if possible:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Witness

Date

Name of Person Receiving Harassment
Complaint Form

Date

Bullying, Harassment or Intimidation Reporting Form

Directions: *Bullying, harassment, or intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment, or intimidation, complete this form and return it to the Principal at the student victim's school. Contact the school for addition information or assistance at any time.*

Today's day ____/____/____/

School: _____

School System: _____

| | | | |
|---|--|--|---|
| PERSON REPORTING INCIDENT Telephone: _____ | | Name: _____ E-mail: _____ | |
| Place an X in the appropriate box; | | | |
| <input type="checkbox"/> Student | <input type="checkbox"/> Student (witness/Bystander) | <input type="checkbox"/> Parent/guardian | <input type="checkbox"/> close adult relative |
| <input type="checkbox"/> School Staff | | | |

Name of student victim: _____ Age: _____

- | | 1. Name(s) of alleged offender(s) (If known): (Please print) | Age | School | Is he/she a student? |
|--|--|-------|--------|----------------------|
| | _____ | _____ | _____ | Yes or No |
| | _____ | _____ | _____ | Yes or No |
| | _____ | _____ | _____ | Yes or No |

2. On what date(s) did the incident happened? _____/_____/_____ _____/_____/_____ _____/_____/_____
- Month Day Year Month Day Year Month Day Year

3. Place an X next to the statement(s) that best describes what happened (choose all that apply)
- ☐ Any bullying, harassment, or intimidation that involves physical aggression
☐ Getting another person to hit or harm the student
☐ Harassment due to race
☐ Harassment due to sex
☐ Harassment due to disability
☐ Teasing, name calling, making critical remarks, or threatening, in person or by other means
☐ Demeaning and making the victim of jokes
☐ Making rude and/or threatening gestures
☐ Intimidating (bullying) extorting, or exploiting
☐ Spreading harmful rumors or gossip
☐ Electronic Communication (specify) _____
☐ Other (specify) _____

4. Where did the incident happen (choose all that apply)?
- ☐ On school Property ☐ At a school-sponsored activity or event off school property
☐ On a school bus ☐ On the way to/from school

5. What did the alleged offender(s) say or do?

(Attach a separate sheet if necessary)

6. Why did the bullying, harassment or intimidation occur?

(Attach a separate sheet if necessary)

7. Did a physical injury result from this incident? Place an X next to one of the following:
____No ____Yes, but it did not require medical attention ____Yes, and it required medical attention
8. If there was a physical injury, do you think there will be permanent effect? ____Yes ____No
9. Was the student victim absent from school as a result of the incident? ____Yes ____No
If yes, how many days were the student victim absent from school as a result of the incident? _____
10. Did a psychological injury result from this incident? Place an X next to one of the following:
____No ____Yes, but psychological services have not been sought ____Yes, and psychological services have been sought
11. Is there any additional information you would like to provide?

(Attach a separate sheet if necessary)

Signature: _____ Date: _____

HARASSMENT REPORTING FORM

Harassment, in any form, is serious and will not be tolerated. This is a form to report harassment that occurred on school property, at a school-sponsored activity, or event off school property; on a school bus; or on the way to and/or from school, in the current school year.

PERSON REPORTING INCIDENT

Name: Phone:

Today's Date: School:

Please check the appropriate box:

- Student
- Student (Witness/Bystander)
- Parent/Guardian
- School Staff
- Other:

INCIDENT INFORMATION:

1. Name of student victim: Age:

2. What happened and who was involved?

3. Please check all that apply in best describing what happened:

- Any bullying, harassment, or intimidation that involved physical aggression
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means Making jokes about the student
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating the student
- Suicide attempt/Suicide talk
- Spreading harmful rumors or gossip
- Electronic communications (explain):
- Other (explain):

4. When did this happen? Date and time if known.

5. Where did the incident happen (choose all that apply)

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

6. Has it happened before?

7. Have you told an adult about this problem? If so, who did you tell?

Signature : Date:

RUSSELLVILLE CITY BOARD OF EDUCATION – APPENDIX B 5.28

RUSSELLVILLE CITY SCHOOLS Harassment Report

☐ West Elementary ☐ Russellville Elementary ☐ Russellville Middle ☐ Russellville High

Student Name _____ Date of Birth _____

INFRACTION REPORTED BY: _____ STUDENT _____ PARENT _____ Grade _____

Date _____ Time _____

Location _____

Description _____

OTHER RELATED INFORMATION (Names of witnesses present and other related information)

HARASSMENT – A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonable perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- a) Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- b) Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- c) Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d) Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e) Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

SEXUAL HARASSMENT – Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment if the conduct substantially interferes with a student's educational performance, or creates an intimidating, hostile, or offensive educational environment.

This complaint is filed based on my honest belief that _____ has harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Student signature _____ Date _____

Parent signature _____ Date _____

Received by _____ Date _____

Shelby County (can be completed online)

PROHIBITION OF HARASSMENT, INTIMIDATION & BULLYING

Please print:

Name: _____ Date: _____

Address: _____

Telephone: _____ or number where you may be contacted: _____
during the hours of: _____.

I wish to register a complaint against:

Name of person, school (give department, program activity, etc.):

Type of Harassment:

Racial: _____ Sexual: _____ Religious: _____ Disability _____ Other _____

Check all spaces below that apply:

☐ Inappropriate Gesturing ☐ Damaging Property ☐ Staring/Leering ☐ Spitting
☐ Inappropriate Touching ☐ Taunting/Ridiculing ☐ Writing/Graffiti ☐ Stalking
☐ Demeaning Comments ☐ Flashing a Weapon ☐ Hitting/Kicking ☐ Stealing
☐ Intimidation/Extortion ☐ Shoving/Pushing ☐ Threatening ☐ Name Calling

Other: _____

Specify your complaint by stating the problem as you see it. Describe the incident, participants and background of the incident. What attempts have been made to resolve the problem? Please note relevant dates, times and places:

Indicate if there are other people who could provide more information regarding your complaint:

Name: _____ Address: _____ Telephone Number: _____

Proposed Solution:

Indicate your opinion on how this problem might be resolved. Be as specific as possible.

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

Signature of Complainant - Date

BULLYING, HARASSMENT or INTIMIDATION REPORTING FORM

St. Clair County Schools
410 Roy Drive • Ashville • Alabama • 35953

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Information gathered through investigation of this report can only be given to the student (victim) and/or his/her parent(s)/guardian(s).

DIRECTIONS: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the principal at the student victim's school. Contact the school for additional information or assistance at any time.

DEFINITION: Bullying, harassment, and intimidation are intentional verbal, written, and/or physical conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities and performance, or with a student's physical or psychological well-being and is as follows:

- Motivated by an actual or a perceived personal characteristic, including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability
- Threatening or seriously intimidating
- Occurs on school property, at a school activity or event, or on a school bus
- Substantially disruptive to the orderly operation of a school

"Electronic communication" means a communication transmitted by means of an electronic device, including but not limited to telephone, cellular phone, computer or pager.

Today's date: ____/____/____
Month Day Year

School: _____

01. Name of student victim: _____ Age: ____ Grade: ____

| 02. Name(s) of alleged offender(s) (If Known) (Please Print) | Age | School (if known) | Is he/she a student? |
|--|-------|-------------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

03. On what date(s) did the incident(s) happen? ____/____/____ ____/____/____ ____/____/____
Month Day Year Month Day Year Month Day Year

04. Where did the incident happen (choose all that apply)?
☐ On school property ☐ On a school bus ☐ At a school-sponsored activity or event off school property ☐ Off school property

05. Place an ☒ next to the statement(s) that best describes what happened (choose all that apply):

- ☐ Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- ☐ Coercing another person to hit or harm the student
- ☐ Repeated teasing, name-calling, making critical remarks, or threatening, in person or by other means
- ☐ Repeated demeaning statements encouraged to make the victim the basis of jokes
- ☐ Making rude and/or threatening gestures
- ☐ Intimidating, bullying, extorting, or exploiting
- ☐ Spreading harmful rumors or gossip
- ☐ Electronic Communications (specify): _____
- ☐ Other (specify): _____

06. Did a physical injury result from this incident?
☐ No ☐ Yes, but it did not require medical attention ☐ Yes, and it required medical attention

07. If there was a physical injury, do doctors think there will be permanent effects? ☐ Yes ☐ No

08. Was the student victim absent from school as a result of this incident? ☐ Yes ☐ No

09. If yes, how many days was the student victim absent from school as a result of the incident? _____

10. Did a psychological injury result from this incident?
☐ No ☐ Yes, but outside psychological services have not been sought ☐ Yes, and outside psychological services have been sought

CONTINUED ON BACK PAGE

12. Why did the bullying, harassment or intimidation occur?

13. Is there any additional information you would like to provide?

[illegible]

☐ Student (victim) ☐ Student (witness/bystander) ☐ Parent/Guardian ☐ Close adult relative ☐ School staff

**TARRANT CITY SCHOOLS
GRIEVANCE REPORT**

Name: _____ Date: _____

School: _____

Nature of Grievance: (Include policy violated, if know) _____

Actions Sought: _____

Pertinent Information: _____

Additional Explanation: (If Needed) _____

Disposition by Principal or Immediate Supervisor: _____

Signature

Date

Disposition by Grievant: _____

Signature

Date

TARRANT CITY SCHOOLS
GRIEVANCE REPORT

Level Two

Date Received by Superintendent: _____

Disposition by Superintendent: _____

Signature

Date

Disposition by Grievant: _____

Signature

Date

Level Three

Date Received by Board: _____

Disposition and Decision of Board: _____

Signature of Board President

Date

STUDENT HARASSMENT AND BULLYING COMPLAINT FORM

Harassment and bullying are serious offenses and will not be tolerated. Bullying includes, but is not limited to, harassment, intimidation, hazing or menacing acts of a student. If you wish to report an incident of alleged harassment and/or bullying, complete this form and return it to the principal at the student's school. All school employees are required to report alleged violations. Contact the school for additional information or assistance.

Today's date: ____/____/____

School: _____

Month Day Year

PERSON REPORTING INCIDENT: Name: _____ Telephone: _____

Place an X in the appropriate blank: ____ School Staff ____ Parent/Guardian ____ Student ____ Other (____)

1. Name of student victim: _____ Age: _____

2. Name(s) of alleged offender (s) (if known): (Please print) Age School Is he/she a student?

_____ _____ _____ ____ Yes ____ No

_____ _____ _____ ____ Yes ____ No

_____ _____ _____ ____ Yes ____ No

3. On what date(s) did the incident happen?

____/____/____/____/____/____/____/____/____
Month Day Year Month Day Year Month Day Year

4. Where did the incident happen (choose all that apply)?

____ On school property

____ At a school-sponsored activity or event off school property

____ On a school bus

____ On the way to/from school

5. Place a check next to the statement(s) that best describe(s) what happened (Choose all that apply.)

____ Hitting, kicking, shoving, spitting, hair pulling, or throwing something

____ Getting another person to hit or harm the student

____ Teasing, name-calling, making critical remarks, or threatening, in person or by other means

____ Demeaning and making the victim of jokes

____ Making rude and/or threatening gestures

____ Intimidating (bullying), extorting, or exploiting

____ Spreading harmful rumors or gossip

____ Cyber Bullying

____ Hazing

____ Other (Specify.) _____

6. What did the alleged offender (s) say or do? _____

(Attach a separate sheet, if necessary)

Signature _____ Date _____

Tuscaloosa County Board of Education Anti-Harassment Complaint Form

Name of Complainant: _____

Name of Charged Student(s): _____

| INFRACTION REPORTED BY: _____ STUDENT _____ PARENT _____ | | | |
|--|--|-------------|--|
| <i>Date</i> | | <i>Time</i> | |
| <i>School</i> | | | |
| DESCRIPTION | | | |
| | | | |
| OTHER RELATED INFORMATION | | | |
| | | | |

HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

My signature below is verification that the information on this Anti-Harassment form is correct.

Student _____ Date _____

Parent/Guardian

Date

Original – Principal

Duplicate- Parent/Guardian

Triplicate – Coordinator of Student Services

June 7, 2010

[note: retrieved from: <http://www.tcboe.info/policy/JCDAC-R.htm>, May 17, 2012]

DATE: _____

**STUDENT COMPLAINT FOR HARASSMENT,
INTIMIDATION, VIOLENCE OR THREATS OF VIOLENCE
UNDER THE STUDENT HARASSMENT PREVENTION ACT
AND VESTAVIA HILLS BOARD OF EDUCATION POLICY JCDC**

I. INFORMATION REGARDING STUDENT FILING COMPLAINT

- A. Name of Student Filing Complaint: _____
- B. Residence Street Address: _____
- C. City, State and Zip Code: _____
- D. Telephone Number: _____
- E. Date of Birth: _____
- F. Age: _____
- G. Social Security No.: _____
- H. School: _____
- I. Grade: _____
- J. Names of Parents: _____
- K. Address of Parents: _____

- L. Telephone Numbers of Parents: Home: _____
Business: _____
Cell: _____

II. GENERAL NATURE OF COMPLAINT

Are you filing a complaint pursuant to Act Number 2009-571 "Student Harassment Prevention Act" and Vestavia Hills Board of Education Policy JCDC? _____

III. SPECIFIC NATURE OF COMPLAINT

Are you filing a complaint regarding any of the following action or actions, which are in violation of Vestavia Hills Board of Education Policy JCDC?

| | <u>Description</u> | <u>Yes</u> | <u>No</u> |
|----|---------------------|------------|-----------|
| A. | Harassment | _____ | _____ |
| B. | Violence | _____ | _____ |
| C. | Threats of Violence | _____ | _____ |
| D. | Intimidation | _____ | _____ |

IV. INFORMATION REGARDING THE OFFENDING STUDENT WHO VIOLATED VESTAVIA HILLS BOARD OF EDUCATION POLICY JCDC

Please state the following information about the offending student who violated Vestavia Hills Board of Education Policy JCDC by perpetrating and committing the acts described in this complaint.

- A. Name of Offending Student: _____
- B. School: _____
- C. Grade: _____

V. WHEN INCIDENT COMPLAINED ABOUT TOOK PLACE

- A. Date: _____
- B. Day of Week: _____
- C. Time: _____

VI. WHERE INCIDENT COMPLAINED OF TOOK PLACE

- A. Did the incident take place on school property? Yes_____ No_____
- If the incident took place on school property, then please state the name of the school and where on the campus or in the building it occurred.

- B. Did the incident take place on a school bus? Yes_____ No_____
- If the incident took place on a school bus, then please state which school bus and what part of the route the incident occurred on.

C. Did the incident take place at a school-sponsored function?

Yes_____ No_____

If the incident took place at a school-sponsored function, then please where the incident occurred.

VII. COMPLAINT FOR HARASSMENT

If you are making a complaint for harassment pursuant to Vestavia Hills Board of Education Policy JCDC, then please state fully, specifically and in detail the following information:

A. Did the incident place you in reasonable fear or harm to your person or damage to your property? Yes_____ No_____

B. Did the incident have the affect of substantially interfering with the educational performance, opportunity or benefits for you? Yes_____ No_____

C. Did the incident have the affect of substantially disrupting or interfering with the orderly operation of the school that you attend? Yes_____ No_____

D. Did the incident have the affect of creating a hostile environment in the school, on school property, on a school bus or at a school-sponsored function? Yes_____ No_____

E. Did the incident have the affect of being sufficiently severe, persistent or pervasive enough to create an intimidating, threatening or abusive educational environment for you? Yes_____ No_____

F. Please describe fully, specifically and in detail the incident or incidents of harassment that you complain of.

G. Please state what was said by you and what was said by the offending student during the acts complained of by you.

VIII. COMPLAINT OF VIOLENCE

If you are making a complaint of violence pursuant to Vestavia Hills Board of Education Policy JCDC, then please state fully, specifically and in detail the following information:

A. A description of the infliction of physical force inflicted upon you by another student with the intent to cause injury to you or your property; and

B. A description, including the nature and extent of any personal injuries sustained by you as a result of said violence; and

C. A description, including the nature and extent of any damage to your property as a result of said violence.

D. What was said by you during the incident complained of?

E. What was said by the offending student during the incident complained of?

IX. COMPLAINT FOR THREAT OF VIOLENCE

If you are making a complaint for threat of violence pursuant to Vestavia Hills Board of Education Policy JCDC, then please state fully, specifically and in detail the following:

A. The expression of intention to inflict injury or damage that was made by a student and directed to you.

B. What words were spoken by the other student and directed to you?

C. What body gestures or physical movements did the student direct toward you?

X. COMPLAINT FOR INTIMIDATION

If you are making a complaint for intimidation pursuant to Vestavia Hills Board of Education Policy JCDC, then please state fully, specifically and in detail the following:

A. Did the act complained of intimidate you? Yes_____ No_____

B. Did the act complained of cause fear or apprehensive to you?
Yes_____ No_____

C. Did the acts complained of constitute a threat that was intended to cause fear or apprehension in you especially for the purpose of coercing or deterring you from participating in or taking advantage of any school program, benefit, activity or opportunity for which the offending student is or would be eligible? Yes_____ No_____

If so, please explain: _____

XI. BASIS FOR PERPETRATOR'S ACTIONS

Do you claim that the perpetrator's actions were done for any of the following reasons:

| | <u>Reason</u> | <u>Yes</u> | <u>No</u> |
|----|-----------------------|------------|-----------|
| A. | Your race? | _____ | _____ |
| B. | Your sex? | _____ | _____ |
| C. | Your religion? | _____ | _____ |
| D. | Your national origin? | _____ | _____ |
| E. | Your disability? | _____ | _____ |

Do you claim that there is another reason or reasons that the perpetrator took the action against you as described in this complaint? Yes_____ No_____

If so, please describe fully, specifically and in detail the reason(s):

XII. WITNESSES

Please state the correct names of any and all persons, including students, employees of the Vestavia Hills Board of Education and other individuals who witnessed the incident or incidents described in this complaint.

XIII. SUPPORTING EVIDENCE

Do you have any of the following evidence and/or documents to support your complaint?

| <u>Reason</u> | <u>Yes</u> | <u>No</u> |
|-----------------------------------|------------|-----------|
| A. Letters | _____ | _____ |
| B. Notes | _____ | _____ |
| C. E-Mails | _____ | _____ |
| D. Other Written Communication | _____ | _____ |
| E. Photographs | _____ | _____ |
| F. Recordings | _____ | _____ |
| G. Tape recordings | _____ | _____ |
| H. Bills evidencing monetary loss | _____ | _____ |
| I. Documents | _____ | _____ |

Are you willing to deliver the above described evidence to school officials in order that the Principal can make an investigation of this complaint? Yes_____ No_____

XIV. MEDICAL INFORMATION

A. Do you claim that you sustained any personal injury as a result of the incident or incidents described in this complaint? Yes_____ No_____

If so, please describe the nature and extent of your injuries.

B. Were you caused to be hospitalized as a result of the incident or incidents described in this complaint? Yes_____ No_____

If so, please state the name of the hospital and the period you were hospitalized.

C. Did you receive medical treatment from a physician as a result of the incident or incidents described in this complaint? Yes_____ No_____

If so, please state the name of your doctor and a brief description of the medical treatment.

D. Do you claim that you incurred medical expenses as a result of the incident or incidents described in this complaint? Yes_____ No_____

If so, please set forth information regarding those medical expenses, including the amounts of each bill and the dates that you received medical treatment.

XV. REPORTING THREAT OF SUICIDE

The Student Harassment Prevention Act Number 2009-571 enacted by the Alabama Legislature on May 7, 2009 requires the following question to be asked on this complaint form. Do you have any personal knowledge that any student attending your school has threatened to commit suicide? Yes_____ No_____

If so, please state the correct name of the student who threatened to commit suicide.

XVI. VERIFICATION

Are the statements contained in this complaint true? Yes_____ No_____

Are you aware that Vestavia Hills Board of Education Policy JCDC provides that disciplinary action may be taken against a person who has deliberately and recklessly falsely accused another? Yes_____ No_____

Date of Complaint: _____

Signature of Student Filing this Complaint

Signatures of Parents of Student:

WITNESSED:

By_____

Washington County School System

STUDENT HARASSMENT COMPLAINT FORM

A system wide *procedure* to file complaints alleging violations of harassment. Students who file a complaint are required to cooperate with the investigation/review, including but not limited to, attending meetings, being forthright and honest during the process and keeping confidential the existence and details of the investigation/review.

Instructions: Please fill in all of the information requested below as completely as possible.

CIRCLE THE SCHOOL YOU ARE NOW ATTENDING:

HIGH SCHOOL:

Fruitdale High – Leroy High – McIntosh High – Millry High – Wash. Co. High – Wash. Co. Career Technical Center

ELEMENTARY:

Chatom Elementary or McIntosh Elementary

NAME OF STUDENT FILING HARASSMENT COMPLAINT:

NAME OF THE STUDENT OR STUDENTS ACCUSED OF HARASSMENT:

DATE HARASSMENT FIRST OCCURRED:

LOCATION HARASSMENT FIRST OCCURRED:

DID ANY PHYSICAL CONTACT TAKE PLACE? YES OR NO
IF SO, PLEASE DESCRIBE:

IF PHYSICAL HARASSMENT DID NOT OCCUR, PLEASE DESCRIBE THE METHOD OF HARASSMENT.
EXAMPLE: CELL PHONES, TEXTING, VERBAL OR STALKING

IDENTIFY ANY INDIVIDUALS WHO MAY HAVE OBSERVED OR WITNESSED THE INCIDENT(S) THAT YOU DESCRIBED:

HAS THERE BEEN AN EMOTIONAL OR PHYSICAL RELATIONSHIP BETWEEN THE PARTIES INVOLVED:
EXAMPLE: BOYFRIEND/GIRLFRIEND

YES OR NO

IS THE INDIVIDUAL RELATED? YES OR NO IF SO, HOW?

HAVE YOU DISCUSSED THE MATTER WITH YOUR PARENTS OR TEACHERS? YES OR NO
IF SO WHO, PLEASE LIST

BECAUSE OF THIS HARASSMENT OR ANY OTHERS HAVE YOU HAD OR ARE YOU HAVING SUICIDAL THOUGHTS OR ACTS OF VIOLENCE AGAINST YOURSELF? YES OR NO

PLEASE EXPLAIN:

You may elect to have an advisor present at meetings/interview(s). If you indicate you will have an advisor, you are authorizing that individual to accompany you to any meetings and/or interview(s) regarding this complaint. The role of the advisor is limited to observing and consulting with you.

If you will be accompanied by an advisor, provide the name, address, and telephone number of your advisor:

Name: _____

Address: _____

Telephone: _____

AUTHORIZATION

I certify that the information given in this complaint is true and correct and to the best of my knowledge or belief.

Print Name of Student/Applicant _____

Signature of Student/Applicant _____

Parent/Guardian/Witness _____

Date _____

The Washington County Board of Education is an equal opportunity employer. It is the policy of the Washington County Board of Education that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

SAMPLE

SAMPLE

Complaint Form

School System: _____ School Name: _____

Student Name: _____ ID#: _____

Grade: _____

| INFRACTION REPORTED BY: _____ STUDENT _____ PARENT/GUARDIAN | | | |
|---|--|------|--|
| Date of Incident | | Time | |
| Specific Location of Incident | | | |
| DESCRIPTION | | | |
| | | | |
| OTHER INFORMATION | | | |
| | | | |

Ala. Code § 16-28B-3. HARASSMENT. A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following:

- a. Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- b. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student _____ Date _____

OR

Parent/Guardian _____ Date _____