Albertville City (this is an online form)

Contact Form

•	Name *	
•	Email *	
•	Subject *	
•	Message *	
		-
		w

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	
a school bus, or at a school-sponsored function including. are reasonably perceived as being motivated by any cha individual who has a particular characteristic, if the chara	ttern of intentional behavior that takes place on school property, on but not limited to, written, electronic, verbal, or physical acts that racteristic of a student, or by the association of a student with an acteristic falls into one of the categories of personal characteristics or by a local board. To constitute harassment, a pattern of behavior
a. Place a student in reasonable fear of harm to h	A Section of the Committee of the Section Com
b. Have the effect of substantially interfering student.	with the educational performance, opportunities, or benefits of a
c. Have the effect of substantially disrupting or in	nterfering with the orderly operation of the school.
d. Have the effect of creating a hostile enviror school-sponsored function.	nment in the school, on school property, on a school bus, or at a
e. Have the effect of being sufficiently severe, pe or abusive educational environment for a student	ersistent, or pervasive enough to create an intimidating, threatening,
Student	Date
OR	
Parent/Guardian	Date

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 C	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 comp	laint? (Attach additional paper, if needed.)
Signature of Person Filing Complaint:	
Date Initial Complaint Presented to Teacher/Admi	nistrator:
DO NOT WRIT	TE 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:	

Attalla City Schools

BULLYING/HARASSMENT COMPLAINT FORM

Date Filed:	Your name:_	
Address:		Phone Number:
Indicate the appropriate	response to the f	following with a check mark(s):
You are a: Studen	t Parent	_ Employee Volunteer
•The complainant believe	es bullying and/or ha	arassment has occurred because of this reason:
Date(s) of alleged bully	ing or harassment	c(s)
Person (s) alleged to ha	ave committed the	bullying or harassment
sheets or use back side or bullying (i.e. letters, page 1)	e of the form, if ned ohotos, provide ce	(s) as accurately as possible. Attach additional cessary. Attach any evidence of harassment ll phone texts,etc.).
Location of incident		
Names of Witnesses		
Have you reported this	to anyone else?:_	YesNo. If so, who?
Signature of Complaina	ınt	
SRO/Attalla Police Dept. no	tified:Yes	signeeNO
Signature of Assistant Princ	ipal 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.

Revised: 6/14/10

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

Autauga County

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:///		School:	_			
Month Day Year						
PERSON REPORTING INCIDENT	Name	e:				
Place an X in the appropriate blank: School Staff Parent/Guardian Student Other () Name of student victim: Age: Name(s) of alleged offender(s) (if known): (Please print.) Age School Is he/she a student?						
Place an X in the appropriate blank: School Sta	iff Parent	t/Guardian	Student		Other ()
Name of student victim:			Ag			
				_	Is he/she a studYesNoYesNo	o
3. On what date(s) did the incident happen?					YesNo	
Month Day Year Month	Day	Year	Month	Day	Year	
4. Where did the incident happen (Choose all that appl	ly.)?					
On school property At	a school-sponso	ored activity or	event off so	chool pro	perty	
On a school bus On	the way to/fror	n school				
5. Place a check next to the statement(s) that best described	ribe(s) what hap	ppened (Choos	se all that ap	ply.):		
Hitting, kicking, shoving, spitting, hair pullin	ng, or throwing	something				
Getting another person to hit or harm the stud	dent					
Teasing, name-calling, making critical remark	ks, or threatenin	ng, in person o	by other m	eans		
Demeaning and making the victim of jokes						
Making rude and/or threatening gestures						
Intimidating (bullying), extorting, or exploiting	ıg					
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 accurat knowledge.	e and true to the best of my
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 INTERVIEW DATE		
	(ex: Parent	Student, Teacher)	
		Г	
VICTIM'S NAME (Last, First)			
ACCUSED'D NAME (Last, First)			
COLLOGI, CITE WILEDE INCIDENT OCCU	IDDED	COLLOCK TELEBRA	IONE NUMBER
SCHOOL SITE WHERE INCIDENT OCCU		SCHOOL TELEPH	IONE NUMBER
(i.e., locker room, playground, careteria, classic	Join, etc.)		
PRINCIPAL'S NAME		DATE OF INCIDE	NT
Describe the incident witnessed:			
Describe the incluent withessed.			
Describe the location where the incident to	ok place:		
	•		
			· · · · · · · · · · · · · · · · · · ·

List any other witness' names and grades:	
List evidence of harassment (i.e., letters, pictures, etc.) Attac	ch all listed evidence, if possible:
knowledge.	
Signature of Witness	Date
Name of Person Receiving Harassment Complaint Form	Date

Complainant's Name (Last, First, Middle)

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.

Sex

Grade

Victim's Name (Last, First, Middle)	Sex	Grade
Accuser's Name (Last, First, Middle)	Sex	Grade
Site Where Incident Occurred	School Name	
(i.e., locker room, playground, classroom, etc.		
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 a knowledge.	nd true to the best of my
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

Age:	Grade:				Did a physical injury result from incident? Place an X next to one of
Date/I	Dates of Occ	currence:			following:
					No
					Yes, but it did not requested medical attention
	ate below na der(s) (if k		alleged		Yes, and it required med attention
		Age or Grade	School (If	Is he/she a student?	
			Known)		there will be permanent effects?
					□ No
					Was the student victim absent from
					school as a result of the incident
					☐ Yes☐ No
<mark>that l</mark>	an X next to est describ e all the app	es what			If yes, how many days was the student victim ab from school as a result of the incident?
<u> </u>	Any bullyin intimidation			sical	Did a psychological injury result this incident? Place an X next to or
_	<mark>aggression</mark>				the following:
<u> </u>	Getting ano harm the st		n to hit o	or	□ No
	Teasing, na				Yes, but psychological services
	<mark>critical re</mark> person or b			ig, in	not been sought Yes and psychological services
	Demeaning a brunt of jo		the victir	n the	been sought
	Making rude		reatening		Is there any additional informatio
	gestures Excluding o	<u> </u>	a +ba a+11	don+	would like to provide?
	Intimidatin	g (bullyin			
	or exploiti		ore or go	ein	
	Electronic				
	Drugs/Alcoh	ol			
	Weapons				Signature:
	Other Speci	fy:			Date: Relationship to Victim:
	did the inc		happen?		
(Choos	<mark>e all that a</mark> p	ply)			□ Student Victim
	On school p				BystanderParent/Guardian of Victim
	At a school event off s	-sponsored		or	☐ School Staff
			ercy		Relative of Victim Specify:
	On a school	Dus			

HARASSMENT REPORT

06/21/10

Complainant				
Relationship to Schools: Employee Other	Student	Volunteer	Visitor	Vendor
Specify				
Home Address				
Work Address				
Home Phone	Woı	k 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 p statements (i.e., threats, requests, demainvolved; etc. (Attach additional pages	ands, etc.); w	hat, if any, phy		
Does the harassment give cause for the	e threat of po	otential suicide?	Yes	No
I hereby certify that the information I l complete to the best of my knowledge	have provide			
Complainant Signature		Date		
Parent Signature If Student Is Considered A Minor	<u></u>	Date		
Received By		Date		

Harassment Report

School System; School	Name:
Student Name:	ID#;
	Grade:
INFRACTION REPORTED BY:STUDENTPARENT	Time
Location DESCRIPTION	TO DE TO COMMUNICATE OF THE COMMUNICATION
OTHER RELATED INFORMATION	
HARASSMENT. A continuous pattern of intentional behavior that takes a school-sponsored function including, but not limited to, written, reasonably perceived as being motivated by any characteristic of a stud individual who has a particular characteristic, if the characteristic characteristics contained in the model policy adopted by the department of pattern of behavior may do any of the following:	electronic, verhal, or physical acts that are ent, or by the association of a student with an
a. Place a student in reasonable fear of harm to his or her person or dama	ge to his or her property.
b. Have the effect of substantially interfering with the educational perform	mance, opportunities, or benefits of a student
c. Have the effect of substantially disrupting or interfering with the order d. Have the effect of creating a hostile environment in the school, on se sponsored function.	ly operation of the school, hool property, on a school bus, or at a school-
e. Have the effect of being sufficiently severe, persistent, or pervasive enabusive educational environment for a student.	ough to create an intimidating, threatening, or
Student	Date
Parent/	
Puardian	Date

Butler County Board of Education Harassment Report

School Nam	e:		_		
Student Name:				ID#:	
				Grade:	
	Infraction Rep	ported By:	_ Student		Parent
Date				Time	
Location					
		Descript	ion		
		Other related in	formation		
					on school property, on a school
that are rea	sonably perceived as being	motivated by any o	haracteristic	of a stu	ectronic, verbal, or physical acts udent, or by the association of a
student with	an individual who has	a particular charac	teristic, if the	ne chara	acteristic falls into one of the revention Policy adopted by the
Butler Coun					navior must exist that results in
	udent in reasonable fear o	f harm to his or her	person or da	amage to	o his or her property.
			•	•	e, opportunities, or benefits of a
c. Have the	effect of substantially disru	pting or interfering	with the orde	erly oper	ation of the school.
	effect of creating a hostile sored function.	environment in the	school, on s	chool pr	roperty, on a school bus, or at a
	effect of being sufficient or abusive educational env			sive end	ough to create an intimidating,
0.					
Student				Date	
Parent/Gua	dian			Date	

Calhoun County Board of Education Student / Parent Complaint Form

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.

Date:	School:	 	
Name of Student / Complaining	Party:		
Parents:			
Address:			
Telephone: Home		Cell / Other	
Does this complaint involve phy-	sical violence or the thr	eat of physical violence or injury?	NoYes
Has there been a threat of suicid	de in connection with th	is incident / complaint?No	Yes
If yes, please provide additional	details		
the complaint is based, names of	of students or others res	nplaint, including the date of the in sponsible or involved in the incide attach additional paper as neede	ent, names of
Describe any earlier efforts to re	esolve this matter or the	reasons no such efforts were pu	rsued.
What specific remedy or correct	ive action are you seek	ing?	
Student Signature		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?						

Anti-Harassment Complaint Form

Date	
This complaint is being filed against following harassment charges.	for the
This complaint is being filed to report a suicid Below are the details of this threat.	e threat made by
Student, Parent, or Guardian Signature	School Official's Signature
	Date received

Harassment Report

School System:		School Name:				
Student Name:		ID#:				
		Grade:				
		C. I	D			
, ,	ion Reported By:	Student	Parent			
Date		1 tme				
Location	(a) Dagariz	.4i.a.w				
	(c) Descrip		a :w:			
Inappropriate Gesturing	Damaging Property	Staring/Leering				
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 cou	ald provide information regarding y	our complaint:				
Name:	Address:	Tele	phone Number:			
HARASSMENT. A continuous pattern sponsored function including, but not I motivated by any characteristic of a stud characteristic falls into one of the categor local board. To constitute harassment, a parameter a student in reasonable fear of har b. Have the effect of substantially interference. Have the effect of substantially disrupted. Have the effect of creating a hostile en	limited to, written, electronic, verent, or by the association of a studeries of personal characteristics contactern of behavior may do any of the true to his or her person or damage ring with the educational performancing or interfering with the orderly of	rbal, or physical acts that ent with an individual who ntained in the model policy he following: to his or her property. nce, opportunities, or benefit operation of the school.	are reasonably perceived as being has a particular characteristic, if the adopted by the department or by a sits of a student.			
e. Have the effect of being sufficiently se environment for a student.			-			
*I certify that there is no fals to the best of my knowledge.	incation of the above Info	ormation and event	s are accurately depicted			
Student		Date				
Parent/Guardian		Doto				

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.

Tod	day's date:	//	Day	/ Year	_			School:								
01.	Name of stud	dent victim											-	Age: _	(Grade:
02.						Print)	Age	_ _ _ _			if known)		- - -	Is he/sh ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	e a stude	ent?
03.	On what dat	e(s) did the	e inciden	t(s) happe	n?	nth /	/ Day	/ Year		Month	/ Day	/ Ye	ar .	Month	/Day	/ Year
05.	Where did th On sch Place an Hitting, kic Coercing a Repeated Repeated Making ru Intimidatin Spreading Electronic Other (spe	next to the cking, show another per teasing, na demeaning de and/or t g, bullying harmful ru. Communic	e statements of the statement of the sta	on a schoo ent(s) that ing, hair pu it or harm ng, making ents encou ng gesture g, or explo gossip specify):	I bus best de ulling, o the stud g critica uraged s iting	At a escribes or throwing the dent of the	what hang some	thing eatening, i	noose all n persor s of joke	that ap or by c	ply): other mear	าร				
06.	Did a physic ☐ No			this incide		cal atter	ntion	☐ Yes,	and it re	quired r	nedical att	ention				
07.	If there was	a physical	injury, d	o doctors t	hink the	ere will b	oe perma	anent effec	ts?			Yes	□No			
08.	Was the stu	dent victim	absent t	rom schoo	ol as a r	esult of	this incid	dent?				Yes	□No			
09.	If yes, how r	many days	was the	student vid	ctim ab	sent fro	m school	l as a resul	t of the i	ncident	?		<u>-</u>			
10.	Did a psycho						s have no	ot been sou	ught	☐ Ye	es, and out	tside p	sycholo	gical servi	ces have	been sought

11. What did the alleged offender(s) say or do?				
		_		
		—		
	(Attach a separate sheet if necessary)	—		
12. Why did the hullying herecoment or intimidation occur?	(Attach a Separate Sheet in recessary)			
12. Why did the bullying, harassment or intimidation occur?				
		—		
	(Attach a separate sheet if necessary)			
13. Is there any additional information you would like to provid	ide?			
		—		
		—		
		—		
	(Attach a separate sheet if necessary)	—		
	(Attach a Separate Sheet if necessary)			
PERSON REPORTING INCIDENT				
Name:	Telephone:			
E-mail:				
Place an ⊠ in the appropriate box:				
☐ Student (victim) ☐ Student (witness/bystander) ☐ P	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?	
used; any verbal statements (i.e., threats, reque	, including such things as: what force, if any, was ests, demands, etc.); what, if any, physical contact nation, etc. (Attach additional pages if necessary.)
This complaint is filed based on my honest that harassed me. I hereby certify that the information correct, and complete to the best of my knowledge.	mation I have provided in this complaint is true,
(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)

Adopted September 7, 2010

FILE: JCDAH-F1

HARASSMENT REPORT FORM CULLMAN CITY BOARD OF EDUCATION

Cullman, Alabama

General Statement of Policy Pi	ronibiling	narassment
--------------------------------	------------	------------

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) _	Work Phone	
Name of person you believe h	harassed you	
	ed being harassed	
Name of person(s) harassing t	the individual listed above	
List any witnesses present		_
	cur?	_
	early as possible (Attach additional pages	as necessary)
	nation I have provided in this complaint is t nowledge and belief.	rue, correct, and
	re below, I attest that I have read and am aware of nderstand my name will not be divulged or release office.	
(Complainant Signature)	(Date)	
ADOPTED: November 16, 2010		

FILE: JCDB

Cullman County Schools Harassment Report

School Name:		
Student Name		Date of Birth
INFRACTION REPORTED BY:	STUDENT PAREN	T Grade
Date		Time
Location		
Description		
OTHER RELATED INFORMATION (I	Names of witnesses present an	d other related information)
but not limited to, written, electronic, verbal, or association of a student with an individual who contained in the model policy adopted by the d a. Make the recipient feel afraid, emb school. b. Place a student in reasonable fear c. Have the effect of substantially dis d. Have the effect of creating a hostil e. Have the effect of being sufficiently environment for a student. SEXUAL HARASSMENT – Unwelcome sexua	physical acts that are reasonable perce has a particular characteristic, if the ch epartment or by a local board. To consi arrassed, helpless, angry or unsafe or of harm to his or her person or damage rupting or interfering with the orderly of e environment in the school, on school y severe, persistent, or pervasive enough	
This complaint is filed based on my honest bell that the information I have provided in this com	ief that	has harassed me. I hereby certify 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 Con	_		
	Last	First	MI
School:			
Homeroom Teacher:			
If this complaint is against a particu	lar individual or individual	s, please name:	
When did the Harassment Begin?			
List the specific incidents of Hara Complained of and the dates each Occurred			
Description of Harassment: (Atta	ch additional information i	f necessary)	
Requested Remedy/Solution:			
SUICIDE THREAT: IF YOU OF MUCH INFORMATION AS POSS			
Who Threatened Suicide?	When?	Where was threat made	e? Where is
this person now?	Does this person h	nave a weapon on campus?	
Other details of threat?			
I,, he	reby swear and affirm unde	er oath and subject to penalty of	perjury that the above
statements are true, correct and com	plete as of this the d	lay of, 2	
	(Signatu	re of Student or Legal Guardian	<u> </u>
	(Digitatu	to or student or Legar Guardian	,
Received by	meten en Commodon	on this day of	, 2
(Aaminist	rator or Counselor))	

©EMCS Page 1 of 1 DALE COUNTY 3.43+

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 S	

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: / Day	/Year	School:					
PERSON REPORTING INCIDENT							
Home Phone:	-						_
Cell Phone:	_ E-Mail						
Place an X in the appropriate box:	Student	☐ Stu	dent (Witn	ess)		Parent/G	uardian
Name of student alleging a violation	:(Pl	ease print)		Gr	ade:	Sex	Race
2. Name(s) of alleged offender(s):		Grade	Sex	Race	S	School	
3. On what date(s) did the incident	happen?:						
Month Day Year Mon	/ / _ th Day	Year	Month	_ / Day	_ / Year	_	
4. Have you reported previous problen If yes, to whom:					er? C ported:		□ No
5. Where did the incident happen (cho On school property (Which sch At a school-sponsored activity On a school bus	nool):	school pro	perty				

. What did the alleged offender(s) say or do?	
continue on back of paper if necessary	
. Nature of your relationship with alleged offender(s):	
. Do you have any physical evidence to submit?	l No
If yes, describe evidence:	-
List all witnesses to alleged offenses	
. List all witnesses to alleged offense:	
0. Is there any additional information you would like to provide:	
o. 13 there any additional information you would like to provide.	
	
ignature of Person Reporting:	Date:
gnature of Administration:	Date:
dministration Notes:	
animistration 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 r	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.)
What sort of help would you like with	h this issue? (Optional)
Have you told anyone else about this	incident? Who? (Optional)
Additional Information: (Optional)	
The caheal administration will condu	not an investigation based on this vanout

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; or 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) (Pie	ase Print) Age		chool (if known)	_	es No es No
03. On what date(s) did the incident(s) happen?	/ / Month Day	Year N	/ /	Year Month	/ / / Day Year
04. Where did the incident happen (choose all that ☐ On school property ☐ On a school but 05. Place an ☒ next to the statement(s) that best ☐ Hitting, kicking, shoving, spitting, hair pulling ☐ Coercing another person to hit or harm the ☐ Repeated teasing, name-calling, making cri ☐ Repeated demeaning statements encourag ☐ Making rude and/or threatening gestures ☐ Intimidating, bullying, extorting, or exploiting ☐ Spreading harmful rumors or gossip ☐ Electronic Communications (specify): ☐ Other (specify): ☐	at a school-spi describes what happi g, or throwing somethi student icical remarks, or threa ed to make the victim	ened (choose all ing ng tening, in person the basis of jokes	or by other means	perty	
06. Did a physical injury result from this incident?	edical attention	☐ Yes, and it req	uired medical attentic	on	
07. If there was a physical injury, do doctors think	there will be permane	ent effects?	☐ Yes	□ No	
08. Was the student victim absent from school as	a result of this incide	nt?	☐ Yes	□ No	
09. If yes, how many days was the student victim	absent from school a	s a result of the ir	cident?		
10. Did a psychological injury result from this inci ☐ No ☐ Yes, but outside psychologi		been sought	☐ Yes, and outside	psychological se	ervices have been sought
	CONTINUI	ED ON BACK PA	GE		

11. What did the alleged offender(s) say or do?	
12. Why did the bullying, harassment or intimidation occur?	(Attach a separate sheet if necessary)
	(Altach a separate sheet if necessary)
13. Is there any additional information you would like to provi	de?
	.,
· · · · · · · · · · · · · · · · · · ·	
	
	(Attach a separate sheet if necessary)
PERSON REPORTING INCIDENT	
Name:	
E-mail:	
Place an ⊠ in the appropriate box:	
☐ Student (victim) ☐ Student (witness/bystander) ☐ F	Parent/Guardian ☐ Close adult relative ☐ School staff

FILE: JAAB-R GAJDD-R

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 lift the alleged harassment was toward ar	nother person, iden	tify that other person
		things as what force, if any, was used, any hat, if any, physical contact was involved?
When and Where did the incident occur		
List any witnesses who were present:		
This complaint is based upon my honest has harassed me or another person. I h complaint is true, correct, and complete	iereby certify that tr	ne information i have provided in this
(complainant's signature)		Date
(received by)		 Date

FORM: Page 1 of 1 11/27/01 Revised 2/15/10

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://	Day Year	School:	
	-	porting Incident ease print)	
Name:			
Telephone:	E-mail:		
Name of student victim:		Age Grade	_
2. Name(s) of alleged offender(s)	(if known):	School (if known)	
3. Where did the incident occuOn school propertyOn a school bus		ed activity or event off school property	Other
Any bullying, harassment Getting another person Teasing, name-calling, m Demeaning and making Making rude and/or three Excluding or rejecting th Intimidating (bullying), e Spreading harmful rumo	nt, or intimidation that inv to hit or harm the studen naking critical remarks, or the victim of jokes eatening gestures he student extorting, or exploiting ors or gossip		

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 រុ	provide?
Signature:	Date:

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

I.	Gen	eral 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.	Descr	ription of Complaint
action	is, willci	above named complainant, filing a complaint regarding any of the following action or are in violation of the Escambia County Board of Education student anti-harassment (ES or NO.
If Yes	s, please ving desc	e describe the general nature of your complaint by checking one or more of the criptions:
☐ Hai	rassmen	t ☐ Violence ☐ Threats of Violence ☐ Intimidation ☐ Other.
If Oth	er is indi	icated, please describe the nature of the complaint:

		'

(2)

III.	Information Regarding the Offending Student, when the incident occurred, and where the incident occurred.
In th	e space provided, please provide the name of the offending student(s), when the incident rred, and where did the incident occurred:
IV.	Complaint for Harassment
Educa	If you are making a complaint for harassment pursuant to the Escambia County Board of ation 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
В.	Did the incident have the effect of substantially interfering with the educational performance, opportunity or benefits for you? \square Yes \square No
C.	Did the incident have the effect of substantially disrupting or interfering with the orderly operation of the school you attend? \square Yes \square 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? \square Yes \square 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? \[\subseteq \text{Yes} \subseteq \text{No} \]

(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
Esca spec	If you are making a complaint of violence or threat of violence complaint pursuant to the mbia County Board of Education student anti-harassment policy, please state fully and in ific 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) What was said by you during the violent incident or threat of violence complained of? B. What was said by the alleged offending student(s) during the violent incident or threat of C. 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. □ No B. Did the act complained of cause fear to you?

Yes □ No 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 If you marked "Yes," please explain in specific detail:

(5)

VII. Basis for Alleged Offender's Actions

Pleas	Do yo se mark plaint:	u claim any of	that the all the below	leged offende listed reaso	er's actions ns that may	were done y be applic	for any of t able due t	he following to the natu	ng reasons? are of your
Your	race								
Your	sex								
Your	religion								
Your	national	origin							
Your	disabilit	y							
Other	reason(s	s)							
							-		
VIII.	Witnes	ses							
	system,	and ot	ner individ	mes of any al uals who ma his complain	y have with	cluding stuessed the i	idents, emp noident or	oloyees of the incidents s	he school ubmitted
			•					•	

May-24-2012 02.51 PM Escambia Co. Board of Ed. 2518676252

(6)

IX.	Sun	porting	Evidence
10.	Sup	DOI HITE	Lyluence

IA.	Supporting Evidence
Exam	Do you have any supporting evidence and/or documents to support your complaint uples of evidence include the following: letters, notes, e-mails, photographs, recordings, bill encing monetary loss, etc.
that t	Are you willing to deliver any of the above described evidence to school officials in orde he principal or his/her designee can make an investigation of this complaint? Yes No
schoo	If you indicated "Yes," please explain what type of supporting evidence you will provide to officials:
1	
X.	Reporting Suicide Threats
Legis you his	The Student Harassment Prevention Act Number 2009-571 enacted by the Alabama lature on May 7, 2009 requires the following questions to be asked on this complaint form. Do ave any personal knowledge that any student attending your school has threatened to committe? Yes No
suicid	If you indicated "Yes," please state the correct name of the student who threatened to commit le: Student's name
XI.	Verification
knowl	Are the statements contained in this complaint true and accurate to the best of your ledge? Yes No
	Are you aware that the Escambia County School System Student Anti-Harassment Policy les that disciplinary action may be taken against the person or persons who have deliberately cklessly falsely accused another?

Form approved December, 2010

Etowah County School System Harassment Report

School Name:				
Student Name:	ID#:			
	Grade:			
INFRACTION REPORTED BY: STUDENT PARENT				
Date	Time			
Location				
DESCRIPTION				
DESCRIPTION				
OTHER RELATED INFORMATION				
HARASSMENT. A continuous pattern of intentional behavior that takes place or				
sponsored function including, but not limited to, written, electronic, verbal, or ph motivated by any characteristic of a student, or by the association of a				
characteristic, if the characteristic falls into one of the categories of personal ch	aracteristics contained in the model policy adopted			
by the department or by a local board. To constitute harassment, a pattern of be				
a. Place a student in reasonable fear of harm to his or her person or damage to l				
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 operad. Have the effect of creating a hostile environment in the school, on school pr				
function.	operty, on a school bas, of at a school-sponsored			
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			
Parent/				
Guardian	Date			

FILE: JCDD

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.

Harassment Complaint Form

II. Results of Investigation and Administrative Response:

Principal/Administrator's Signature

Complainant's Signature

(Student or Legal Guardian of Student)

Date of Complaint Resolution

Date Complaint Filed

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 harassmen	t, bullying, and/or violence:		
Name:	Grade:	School Enrolled:	
Person against whom alleg	ation of harassment, bullyin	ng, and/or violence is being made:	
Name:	Grade:	School Enrolled:	-
Basis of harassment, bullyi	ng and/or violence: Please c	heck appropriate box(s)	
Race Sex Religion	National Origin Di	risability Other (describe)	_
Person referring the comp	aint, if different from perso	on alleging harassment, bullying, violence:	<u>!</u>
Name: Grade	e (if applicable): Phone:	Relationship to the victim:	
subject of the complaint. I as well as dates, times, and	nclude any individuals you	, describe the events and/or behaviors the average talked with on campus, the names of uicide by a student is being reported, place of this situation.	f witnesses,
Describe any action(s) you	1 have taken to stop the hard	rassment, bullying, and/or violence?	
to have knowingly provided the Code of Student Cond	I false information in this cor	I by the school, and I understand that if I mplaint I may be subject to disciplinary actions.	
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 Syste	chool System: School Name:			
Student Na	me:		ID#:	
			C 1	
			Grade:	
INFRACT	ION REPORTED BY:	STUDENT PARE	NT	
Date			Time	
Location				
DESCRIP'	ΓΙΟΝ			
OTHER R	EL AMER INFORMATION			
OTHER R	ELATED INFORMATION			
a school-s reasonably individual characteris	ponsored function including perceived as being motivate who has a particular chara	g, but not limited to, writed by any characteristic of a acteristic, if the characteriolicy adopted by the department	ten, electronic student, or by stic falls into	chool property, on a school bus, or at e, verbal, or physical acts that are the association of a student with an one of the categories of personal cal board. To constitute harassment, a
a. Place a s	tudent in reasonable fear of h	harm to his or her person or	damage to his	or her property.
b. Have the	e effect of substantially interf	fering with the educational p	erformance, op	portunities, or benefits of a student.
c. Have the	effect of substantially disruj	pting or interfering with the	orderly operati	on of the school.
d. Have the sponsored		environment in the school,	on school prop	erty, on a school bus, or at a school-
	e effect of being sufficiently ucational environment for a s		ive enough to	create an intimidating, threatening, or
			_	
Student			Date _	
Parent/			Date	
Guardian			Dute _	

05/23/2012 11:00

CRAIN

GREENE COUNTY SCHOOL DISTRICT

Bully Report Form

Student/Employee Form

Please fill this form out completely.

Be sure you are anonyt tous 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 d	D:
Told them to stop.	_	Asked a friend to help.
Walked Away.	_	Talked to a parent
Told a teacher or other acult	_	Ignored it.
Notified the office. (Date)	_	Talked to a colleague
Reported incident to immediate s	supervisor. (Date	_
Reported incident to the Superint	tendent. (Date	_)
Person bullying m 2:		
What has the bull / done to mei (Pleas	se 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		

3346243415

KECEINED 01/01/5008 00:00

office.

HARTSELLE CITY SCHOOLS Harassment Report

Barkley	Bridge	☐ F.E	. Burleson	☐ Crestline	☐ Hartselle Jr. High	☐ Hartselle High
Student Name					Date of Birth	
INFRACTION RE	PORTED B	Y:	_STUDENT _	PARENT	Grade	
Date					Time	
Location						
OTHER RELATEI	O INFORM	ATION (N	ames of witnes	ses present and of	ther related information)	
but not limited to, writte association of a stude	en, electronic, nt with an indir I policy adopte Place a stu Have the e Have the e Have the e	verbal, or position of position who had by the dependent in reasonable frect of substitute of creat	nysical acts that a as a particular cha partment or by a lo pable fear of harr antially interfering antially disrupting ing a hostile enviru sufficiently sever	re reasonable perceived aracteristic, if the characteristic, if the characteristic if the characteristic if the characteristic if the constitute in to his or her person or with the educational person interfering with the opnment in the school, or	property, on a school bus, or at a schol as being motivated by any characte teristic falls into one of the categories harassment, a pattern of behavior nor damage to his or her property. Informance, opportunities, or benefits rederly operation of the school. In school property, on a school bus, or we enough to create an intimidating, the	ristic of a student, or by the sof personal characteristics hay do any of the following: of a student. r at a school-sponsored function.
					other verbal or physical conduct of a e, or creates an intimidating, hostile,	
This complaint is filed that the information I h	based on my ave provided	honest belie in this comp	f that laint is true, correc	st, and complete to the b	nest of my knowledge.	as harassed me. I hereby certify
Student signature				Date		
Parent signature				Date		
				Re	ceived 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 incid (circle one) YES NO	lent to be presented and resolved informally?
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 shall be subject to disciplinary actions as outlined in	accuses another student of a violation of this policy
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, o	and description of offense)
I have read the above information and certify it to be tru	ne.
Complainant's Signature Legal Guardian of Student)	 Date Complaint Filed (Student or
II. Results of Investigation and Administrative Response	e:
Principal/Administrator's Signature	Date of Complaint Resolution
r inicipaly Autilinistrator 3 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 Report (Please	_
Name:	
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 a On a school bus On the way to/from scl	
 4. Place an X next to the statement(s) that best describes w Any bullying, harassment, or intimidation that involved Getting another person to hit or harm the student Teasing, name-calling, making critical remarks, or the 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) 	ves physical aggression

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 p	provide?
Signature:	Date:

HOUSTON COUNTY SCHOOLS HARASSMENT REPORT

DATE:	
PERSON FILING REPORT:	
f not harassed student relationship to student:	
parent, guardian, friend, etc.)	
Contact information: Address:	Mark Construction - All Construction
City, State, Zip:	
hone Number:	
Description of harassing behavior:	
If this is a minor allegation, do you wish for this incident (circle one) YES NO	to be presented and resolved informally?
Is there evidence of a threat of suicide by a student? If s	o, please explain:
<u> </u>	
*A student who deliberately, recklessly, and falsely accuse hall be subject to disciplinary actions as outlined in the	es another student of a violation of this policy Houston County Code of Student Conduct.
Student Signature	Parent/Guardian Signature

APPENDIX A 106-21P

Harassment Report

School System: School Name:					
Student	t Name:			Date:	
				Grade:	
INFRA	CTION REPORTED BY:	STUDENT _	PARENT		
Date				Time	
Locatio	on				
DESCI	RIPTION				
OTHE	R RELATED INFORMATION	N			
a scho reasona individ charact	ol-sponsored function including the state of	ng, but not limite ted by any characte aracteristic, if the policy adopted by t	d to, written, eristic of a stude characteristic f	electronic ent, or by falls into	chool property, on a school bus, or at, verbal, or physical acts that are the association of a student with an one of the categories of personal cal board. To constitute harassment, a
a. Place	e a student in reasonable fear of	f harm to his or her	person or damag	ge to his o	or her property.
b. Have	e the effect of substantially inte	rfering with the edu	icational perform	nance, op	portunities, or benefits of a student.
c. Have	the effect of substantially disr	upting or interferin	g with the order	ly operati	on of the school.
	e the effect of creating a hostil red function.	e environment in th	ne school, on scl	hool prop	erty, on a school bus, or at a school-
	e the effect of being sufficiently e educational environment for a		, or pervasive en	ough to c	reate an intimidating, threatening, or
Receiv	ed by:			Date	
Student	t			Date	
Parent/ Guardia				Date _	

Jackson County Schools Harassment Complaint Form

School	The state of the s
Complainant Information:	
Name	
Mailing Address:	
Current 911 Address	
Telephone Number	
Reason for complaint	
Complainant Signature	Date

Jacksonville City School System Harassment Report

School	Name:			
Studen	t Name:		ID#:	
			Grade:	
INFRA	CTION REPORTED BY:	STUDENT PA	RENT	
Date			Time	
Locatio	on			
DESCR	RIPTION			
OTHER	R RELATED INFORMATION			
011121				
HARAS	SSMENT. A continuous patter	n of intentional behavior	that takes place	e on school property, on a school
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				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				
				d by the department or by a local
	To constitute harassment, a p			
a. Plac	e a student in reasonable fea	r of harm to his or her pe	erson or damage	to his or her property.
b. Have student		nterfering with the educa	tional performan	ce, opportunities, or benefits of a
c. Have	e the effect of substantially di	srupting or interfering wi	th the orderly op	eration 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.				
	<u>.</u>			
			_	
Studen	t		Date	
Parent/			Date	

Guardian

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:	
Specific Location of	
	ANCES 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:	Date:
Student : Signature OR	
Parent/Guardian: Signature	Date:

DELIVER OR MAIL TO THE PRINCIPAL'S OFFICE

Approved: September 27, 2010

Lawrence County Schools

Report of Harassment Form

A complaint of a student alleging the violation of harassment must be signed by the
student and/or the student's parent or guardian and delivered to the principal or the
principal's designee either by mail or personal delivery. See Policy JDDAA. If a threat
of suicide is reported, the principal or designee will inform parent or guardian.
Date:
Student's Name:
School:
Description of Harassing
Incident(s):

$Retrieved\ from\ \underline{http://www.lawrenceal.org/?DivisionID=6660\&ToggleSideNav}=\ April\ 21,$
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 A	bove:
Relationship to Individual:	
Individual's Address:	
Phone: Date(s) of Occ	urrence:
Location of Occurrence:	
Describe the Occurrence, Including Names of Individ	duals Involved (use back of form if necessary):
Has this or similar incidents occurred?	
If yes, use back of form to descried 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:	
This form, along with school official's fine	dings, 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:	Timar		
Specific Location of Incident:	Time:		
DESCRIPTION OF CONDUCT/CIRCUMSTAN	CES 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):	The incident resulted in a threat of suicide by the victim: Yes		
Race	No		
Disability			
National Origin			
Religion			
Gender			
Student: Signature	Date:		
UK			
Parent/Guardian: Signature	Date:		

DELIVER OR MAIL TO THE PRINCIPAL'S OFFICE

Approved:

LCBE/Policy No. 5.28, Anti-Harassment

FILE: JXAA

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)	essary attach to this form.)
Witnesses Present:	
I hereby certify that this account is an accurate description:	(Reporting Student or Parent/Legal Guardian Signature)

Limestone County Board of Education, Athens, Alabama SOURCE:

ADOPTED: February 8, 2011

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

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 b	ased on:					
Harassment, Violence or T	Threats of Violence by a stude	ent				
Sexual Harassment	·					
Other Complaint or Griev	ance, specifically:					
Student Name:						
School:		_ Grade:				
Who is the person against whom y What did this	person do:					
State specifically what the person did and ho	ow it affected you (Attach additional p					-
When did this happen (over what tim	e if continuing or more than on	ce):				
Do you have suggestion	ons for resolving this			so, list	them	here:
(Attach additional paper, if needed)						
Student Signature (or parent/gua	rdian):					
Printed Name:			_			
	DO NOT WRITE BELOW		do do do de de de de de d	ر مان	***	
Date Grievance Received:	Principal:					
Date Reply Delivered:	Principal:					
Date Appeal of Grievance Received:	Superintendent or I	Designee:				
Date Anneal Reply Delivered:	Superintendent or Designe	ee.				

MADISON COUNTY BOARD OF EDUCATION SCHOOL:

STUDENT HARASSMENT REFERRAL/ACTION

GEN	ERAL INFORMATION									
Last N	lame:		First:				Grade:	Time of Incident:		
Date Incide						Date of Referral:	Date of Referral:			
	ted by:		Title of Reporter:				Location of Infraction:			
HAR	ASSMENT REFERRAL ACTIO	N								
	Harassment:				Other Ir	nfraction: (E	xplain)			
	Threat of Suicide Yes	☐ No								
Desc	ription of Infraction:									
ACTI	ON(S) TAKEN BY TEACHER									
** N	OTE: PARENT MUST BE CONTA	CTED IN R	PEGARD TO	THIS	INCIDE	IT BEFORE	REFERRAL WILL	BE PROCESS	ED.	
	Parent Notification by phone: Date				Parent N	lotification l	by Letter: Date(s)			
	Previous Parental Notification(s) by Phone Date/Time	Date/Time	Date/Time		Parenta Notificat this Inci	ion on	Date/Time	Phone #	Name of Parent Contacted	
	Verbal Warning: Date(s)				Confere	nce with Stu	Student: Date(s):			
	Silent Lunch: Date(s)				In-Clas	s Displacem	Displacement: Date(s):			
	Conference with Parents: Date(s)				After-School Detention: Date(s):					
	Other Action(s):									
ADM	IINISTRATIVE ACTION									
	Consultation with Student in Offic	е		Code	of Condu	ct (C.O.C.) I	nformation Given:	Yes No		
	Warning Issued for Offense			Meth	od: 🔲 '	/erbal \Box	Written			
	Parent Notification Method		Phone :	T	me:		Referr		Student Delivery 1 st Class Certified Mail	
	In-School Suspension (ISS)		No. of Days	s:			Inclusive Da	Inclusive Dates:		
	Out-of-School Suspension (OSS)		No. of Days	s:			Inclusive Da	tes:		
	After-School Detention (ASD)		No. of Days	s:			Inclusive Dates:			
	Saturday School (SS)		Date:				NOTE: CC: Referral to SS Coordinator		Coordinator	
	Guidance Counselor Referral (GC	R)	Name of Co	ounsel	or:		NOTE: CC: Referral to Counselor			
	Campus Police Referral		Officer #:				NOTE: See C.O.C. for Requirements			
Other Action (Explain):										
	Harassment Consequences, repris	als, retaliati	on, or false a	accusa	tions actio	ns explaine	d			
ADMI	ENT SIGNATURE: NISTRATOR SIGNATURE: NT 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 Address	
Telephone_() or nur	mber where you may be contacted
during the hours of	
information surrounding threats. Otherwise please go to t	suicide by a student, please provide the student's name along with relevant 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 attempts you have made to resolve the problem. Please no	it. Describe the incident, participants, background to the incident, and any ote relevant dates, times and places.
number if non-student. Name, Address Telephone Number	information regarding your complaint: Include address and telephone
Indicate your opinion on possible resolutions to this proble taken.	lem. These will be considered in determining the most appropriate action to
I certify that there is no falsification of the above informat depicted to the best of my knowledge.	tion and events are accurately
Signature of Complainant	School
Date	
Please return the original completed form to the school Pr	rincipal. A copy of this will be provided to the complainant.
Complaint received on	_
By:	_

MIDFIELD CITY SCHOOLS

STUDENT HARASSMENT REFERRAL ACTION

GEN	ERAL INFORMATION								
Last N	Jame:		First:				Grade:	Time of Incident:	
Date Incide						Date of Referral:	Date of Referral:		
	ted by:		Title of Reporter:				Location of Infraction:		
HAR	ASSMENT REFERRAL ACTIO	N							
	Harassment:					Other Infraction: (Ex	plain)		
Desc	ription of Infraction:								
ACT	ON(S) TAKEN BY TEACHER								
** N	OTE: PARENT MUST BE CONTA	ICTED IN R	REGARD TO	THI.	<i>S I</i>	NCIDENT BEFORE	REFERRAL WILL	BE PROCESS	ED.
	Parent Notification by phone: Date]	Parent Notification by			
	Previous Parental Notification(s) by Phone Date/Time	Date/Time	Date/Time		1	Parental Notification on this Incident	Date/Time	Phone #	Name of Parent Contacted
	Verbal Warning: Date(s)					Conference with Stud	dent: Date(s):		
	Silent Lunch: Date(s)					In-Class Displaceme	s Displacement: Date(s):		
	Conference with Parents: Date(s)					After-School Detention	hool Detention: Date(s):		
	Other Action(s):								
ADM	INISTRATIVE ACTION								
	Consultation with Student in Office	e		Cod	de o	of Conduct (C.O.C.) Ir	formation Given:	Yes No	1
	Warning Issued for Offense			Met	thod	d: Uerbal 🗌	Written		
	Parent Notification Method		· 	7	Tim	ne:	Referra		Student Delivery 1 st Class Certified Mail
	In-School Suspension (ISS)		No. of Days	s:			_ Inclusive Da	tes:	
	Out-of-School Suspension (OSS)		No. of Days	s:			Inclusive Dates:		
	After-School Detention (ASD)		No. of Days	s:			Inclusive Dates:		
	Saturday School (SS)		Date:				NOTE: CC: Referral to SS Coordinator		
	Guidance Counselor Referral (GC	R)	Name of Co	ounse	elor	:	NOTE: CC: Referral to Counselor		nselor
	Campus Police Referral		Officer #:				NOTE: See C.O.C. for Requirements		irements
Other Action (Explain):									
	Harassment Consequences, repris	sals, retaliati	on, or false a	accus	satio	ons actions explained			
ADMI	ENT SIGNATURE: NISTRATOR SIGNATURE: NT SIGNATURE:					DATE:			_

LOCAL SCHOOL HARASSMENT COMPLAINT REPORT

Date of Report:	
Filed by: (Name)	StudentParentLegal Guardian
What: (Account of Incident)	
When: (Date of Incident)	
Where: (Location)	
	Complainant Signature Required

Morgan County <u>FILE: JCDAG-1</u>

STUDENT HARASSMENT REFERRAL ACTION FORM

GENERAL INFORMATION

Last name:	First:	
Grade:	Time of incident:	
Incident reported by:	Location of Inci	ident:
HARASSMENT REFERRAL AC	TION	
Harassment:	-	
Other Infraction (Explain)		
ADMINISTRATIVE ACTION		
Consultation with student in off	fice Date:	
Warning issued for offense	Method: Verbal	Written
Parent Notification Method: Model Method: Time		umber:
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		

Morgan County



Complaint Form

Date of Complaint	Date of Incident(s)
Description of Incident (please threats, injury, damage to property, retaliation	include details of specific actions, events, written or verbal on, or any other circumstance which you think is important.)
Are there any indications of a person?	a threat of hurting yourself or another
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 Incide	ent:		
Describe the incident:				
Describe the location where the incident took place:				
List all witness names and grades:				

knowledge.	accurate and true to the best of my
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 OCCUR (i.e., locker room, playground, cafeteria, classroo		OOL TELEPH	IONE NUMBER
PRINCIPAL'S NAME	DATI	E OF INCIDEI	NT
Describe the incident witnessed:			
Describe the location where the incident tool	k place:		

List any other witness' names and grades:	
List evidence of harassment (i.e., letters, pictures, etc.	c.) Attach all listed evidence, if possible:
I agree that all of the information on this form is a knowledge.	ccurate and true to the best of my
Signature of Witness	 Date
Signature of Witness	Date
Name of Darson Descriping Haracan and	Doto
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.

PERSON REPORTING INCIDENT Telephone:	Name: E-mail		
Place an X in the appropriate box; Student Str.	udent (witness/Bystander)	Parent/guardian Close adul	t relative
student victim:		Age:	
Name(s) of alleged offender(s) (If known): (I	Please print) Age	School	Is he/she a student?
			_ Yes or No _ Yes or No _ Yes or No
On what date(s) did the incident happened?	Month Day Year	Month Day Year	// Month Day Year
Place an X next to the statement(s) that best descrit Any bullying, harassment, or intimidation that Getting another person to hit or harm the study Harassment due to race Harassment due to disability Teasing, name calling, making critical remarks 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)	t involves physical aggress lent s, or threatening, in perso	sion	
Where did the incident happen (choose all that app On school PropertyAt a	•	y or event off school property	
	the way to/from school	y	
What did the alleged offender(s) say or do?			
What did the alleged offender(s) say or do?			

	(Attach a sep	arate sheet if n	ecessary)					
Did a physical injury	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	Ye	es, and it required medical attention					
If there was a physi	cal injury, do you think there will be permanent effect?	Yes	No					
Was the student victi	m absent from school as a result of the incident?	Yes	No					
If yes, how many day	s were the student victim absent from school as a result of	the incident?_						
Is there any addition	al information you would like to provide?							
	(Attach a separate sheet if necessar	y)						

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 REP	ORTING INCIDENT	
Name:		Phone:
Today's Date: _		School:
Please check th	e appropriate box:	
	Student Student (Witness/Bystander) Parent/Guardian	
	School Staff	
	Other:	-
CIDENT INFO	RMATION:	
1. Name	of student victim:	Age:
2. What	happened and who was involved?	
Z. Wilat		
	 Any bullying, harassment, or intimidation that invol Getting another person to hit or harm the student Teasing, name-calling, making critical remarks, or thr 	
	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 y	ou told an adult about this problem? If so, who did you	ı tell?
		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 B	SY: STUDENT PARENT	Grade	
Date		Time	
Location			
OTHER RELATED INFORM	ATION (Names of witnesses present and c	other related information)	
but not limited to, written, electronic, association of a student with an indicontained in the model policy adopte a) Place a stu b) Have the electronic policy adopted by Have the electronic place. Place a stu b) Have the electronic place a stu bi place a stu b	ern of intentional behavior that takes place on school verbal, or physical acts that are reasonable perceive vidual who has a particular characteristic, if the character by the department or by a local board. To constitut dent in reasonable fear of harm to his or her person of fect of substantially interfering with the educational perfect of substantially disrupting or interfering with the offect of creating a hostile environment in the school, offect of being sufficiently severe, persistent, or pervasunt for a student.	d as being motivated by any chara- cteristic falls into one of the categre e harassment, a pattern of behavior damage to his or her property. erformance, opportunities, or bene- orderly operation of the school. In school property, on a school bu	acteristic of a student, or by the ories of personal characteristics or may do any of the following: effits of a student. s, or at a school-sponsored function.
SEXUAL HARASSMENT – Unwelco harassment if the conduct substantia environment.	ome sexual advances, requests for sexual favors, and ally interferes with a student's educational performance.	other verbal or physical conduct one, or creates an intimidating, host	of a sexual nature constitute sexual ile, or offensive educational
This complaint is filed based on my that the information I have provided	honest belief that in this complaint is true, correct, and complete to the	best of my knowledge.	_ has harassed me. I hereby certify
Student signature	Date		
Parent signature	Date		
	- R.	eceived by	Date

©EMCS

APPENDIX B 5.28

RUSSELLVILLE CITY

PROHIBITION OF HARASSMENT, INTIMIDATION & BULLYING

Please print:	
Name:	Date:
Address:	
	or number where you may be contacted:
during the hours of:	·
I wish to register a complaint	against:
Name of person, school (give	e department, program activity, etc.):
Check all spaces below that a Inappropriate Gesturing	Religious: Disability Other apply: Damaging Property Staring/Leering Spitting Taunting/Ridiculing Writing/Graffiti Stalking
Demeaning Comments	Flashing a Weapon Hitting/Kicking Stealing Shoving/Pushing Threatening Name Calling
	tating the problem as you see it. Describe the incident, participants ent. What attempts have been made to resolve the problem? Please I places:
Indicate if there are other peo	ople who could provide more information regarding your complaint: 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 fals to the best of my knowledge.	ification of the above information and events are accurately depicted
	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.

Tod	lay's date:	Month	/ Day	/ Year			School: _								
01.	Name of	student vic	ctim:									_	Age:		Grade:
02.	Name(s)	of alleged	offender(s) (If Known) (P	lease Print)	Age		Sch	ool (if	known)			Is he/s	she a stud	dent?
							_					- - -	☐ Yes ☐ Yes ☐ Yes ☐ Yes	s No)
03.	On what	date(s) did	d the incide	ent(s) happen?		/ Dav	/ Year	Moi		/Day		ear	Month	/ Day	/ Year
]]]]	Hitting, Coercii Repeat Repeat Making Intimid: Spread	kicking, s ng another ted teasing ted demea rude and ating, bully ling harmfi nic Comm	hoving, sp r person to g, name-ca ning state /or threate ving, extort ul rumors o unications	ment(s) that besitting, hair pullir hit or harm the alling, making coments encouraging gestures ing, or exploiting gessip (specify):	ng, or throw student ritical rema ged to mak	ving some rks, or th e the vict	ething reatening, in tim the basis	person or of jokes	by ot	her meai					
06.	Did a phy ☐ No			m this incident' id not require m		ention	☐ Yes, a	nd it requi	red m	edical att	tentior	n			
07.	If there w	as a phys	ical injury,	do doctors thin	k there will	be perm	anent effects	s?			Yes	☐ No			
08.	Was the	student vi	ctim abser	t from school a	s a result o	of this inci	dent?				Yes	☐ No			
09.	If yes, ho	w many d	ays was th	e student victin	n absent fro	om schoo	ol as a result	of the inci	dent?	-		_			
10.	Did a psy			ult from this inc		es have n	ot been sou	ght [☐ Yes	s, and ou	tside	psychol	ogical serv	vices hav	e been sough

CONTINUED ON BACK PAGE

11. What did the alleged offender(s) say or do?	
	(Attach a separate sheet if necessary)
12. Why did the hulling herecoment or intimidation equit?	(Attach a Separate Sheet in hocossary)
12. Why did the bullying, harassment or intimidation occur?	
	(Allert a second short for second
	(Attach a separate sheet if necessary)
13. Is there any additional information you would like to provi	de?
-	
	(Attach a separate sheet if necessary)
	(mass a soparate sheet if necessary)
PERSON REPORTING INCIDENT	
Name:	Telephone:
E-mail:	
Place an ⊠ in the appropriate box:	
☐ Student (victim) ☐ Student (witness/bystander) ☐ F	Parent/Guardian ☐ Close adult relative ☐ School staff

TARRANT CITY SCHOOLS GRIEVANCE REPORT

Name:		Date:	
School:			
Nature of Grievance: (Include policy violated, if kr	iow)		
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
	•	
	<u>Level Three</u>	
Date Received by Board:		
Disposition and Decision of Board:		
•		
•	•	
-		
	Signature of Board F	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.

REPORTING INC	IDENT: Name:			Telepho	ne:		
n X in the approp	riate blank: Sch	ool Staff Pare	ent/Guardia	n S	tudent	Other ()
Name of stude	nt victim:					Age:	
	ged offender (s) (if			· –	School	AMERICAN STREET	_No
	s) did the incident h				1		_,,,,
	v Year	Month	Day	Voor	Month	Day	Year
Month Da	y icai	WOHLH	Day	rear	WOTEH	24,	
	incident happen (ch			real	Worth	Ju	
. Where did the	incident happen (cl	noose all that app	oly)?	onsored	activity or e	vent off school	property
. Where did the On schOn a s . Place a check rHitting,GettingTeasingDemeaMakingIntimidSpreadiCyber EHazing	incident happen (chancel property chool bus next to the statemen kicking, shoving, spanother person to a, name-calling, making and making the rude and/or threat ating (bullying), extending harmful rumors	noose all that appropriate that appropriate the following of the following critical remarks or critical remarks or critical gestures or gossip	oly)? a school-spo the way to, scribe(s) wh g, or throwi tudent rks, or threa	onsored /from so nat happ ng some tening,	activity or e shool ened (Choos ething in person or	vent off school se all that apply.)

VOLUME III: STUDENTS

Tuscaloosa County Board of Education Anti-Harassment Complaint Form

FILE: JCDAC

Name of Complainant:					
Name of Charg	ged Student(s):				
INFRACTIO	N REPORTED BY:	STUDENT	_ PARENT		
Date				Time	
C -11					
School					
DESCRIPTI	ON				
OTHER REI	LATED INFORMATION	1			
					property, on a school bus, or at a
					physical acts that are reasonably a student with an individual who
has a particul	lar characteristic, if the cl	haracteristic falls i	nto one of the catego	ries of pe	rsonal characteristics contained in
the model po any of the fol	licy adopted by the depar	rtment or by a loca	al board. To constitut	e harassm	ent, a pattern of behavior may do
	dent in reasonable fear of	harm to his or her	person or damage to	his or her	property.
			-		nities, or benefits of a student.
	ffect of substantially disr	_	-		
	effect of creating a hostil				, on a school bus, or at a school-
e. Have the e			t, or pervasive enoug	gh to creat	te an intimidating, threatening, or
	e below is verification		tion on this Anti-H	arassmen	t form is correct.
9 3 11 11 11			1111		- ,
Student			D	ate	

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

(-	ORMATION REGARDING STUI	ENT FILING COMIL	AIIII
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:	ъ.	

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?

		Description	<u>Y es</u>	<u>No</u>
	A.	Harassment		
	B.	Violence		
	C.	Threats of Violence		
	D.	Intimidation		
IV.		RMATION REGARDING THE OFF ATED VESTAVIA HILLS BOARD OF I		
	VIOL	ATED VESTAVIA HILLS BOARD OF I	EDUCATION FO	LICI JUDO
	Please	state the following information about the offend	ding student who vi-	olated Vestavi
		Education Policy JCDC by perpetrating and co	mmitting the acts d	escribed in thi
compla	aint.			
	A.	Name of Offending Student:		
	В.	School:		
	C.	Grade:		
V.	WHE	N INCIDENT COMPLAINED ABOUT T	OOK PLACE	
	A.	<u>Date</u> :		
	B.	Day of Week:		
	C.	<u>Time:</u>		
VI.	WHE	RE INCIDENT COMPLAINED OF TOO	OK PLACE	
	A.	Did the incident take place on school property) Yes	No
	71.	If the incident took place on school property		
school	and	where on the campus or in	the building	it occurred
SCHOOL				
		<u> </u>		
		Did the incident take place on a school bus?	Voc	No.
	В.	Did the incident take place on a school bus? If the incident took place on a school bus, then		No school bus an
	В.	Did the incident take place on a school bus? If the incident took place on a school bus, there route the incident occurred on.		

	C.	Did the incident take place at a school-sponsored function		No
incider	nt occurr	If the incident took place at a school-sponsored functioned.		No se where the
VII.	COM	PLAINT FOR HARASSMENT		
Educat inform	ion Pol	are making a complaint for harassment pursuant to icy JCDC, then please state fully, specifically and		
to your	A. propert	Did the incident place you in reasonable fear or harm ty?		n or damage
perforr	B. nance, o	Did the incident have the affect of substantially interfepportunity or benefits for you?		educational No
orderly	C. operation	Did the incident have the affect of substantially disruption of the school that you attend?	-	ring with the No
on scho	D. ool prope	Did the incident have the affect of creating a hostile enerty, on a school bus or at a school-sponsored function?		
pervasi you?	E. ve enou	Did the incident have the affect of being sufficien gh to create an intimidating, threatening or abusive edu	icational env	
harassı	F. nent that	Please describe fully, specifically and in detail the tyou complain of.	incident or	incidents of
				-
during	G. the acts	Please state what was said by you and what was said complained of by you.	by the offen	ding student

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:

studer	A. nt with th	A description of the infliction of physical force inflicted upon you by another e intent to cause injury to you or your property; and
by you	B. 1 as a res	A description, including the nature and extent of any personal injuries sustained ult of said violence; and
a resu	C. lt of said	A description, including the nature and extent of any damage to your property as violence.
	D.	What was said by you during the incident complained of?
	Е.	What was said by the offending student during the incident complained of?
IX.	COM	PLAINT FOR THREAT OF VIOLENCE
Educa		are making a complaint for threat of violence pursuant to Vestavia Hills Board of cy JCDC, then please state fully, specifically and in detail the following:
studer	A. nt and dir	The expression of intention to inflict injury or damage that was made by a ected to you.
	В.	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. <u>COMPLAINT FOR INTIMIDATION</u>

	A.	Did the act complained of intimidate you?	Yes	_ No
	B.	Did the act complained of cause fear or apprehe		_ No
or tak	ing ad ing stu	Did the acts complained of constitute a threat of in you especially for the purpose of coercing or divantage of any school program, benefit, activited activities or would be eligible? The purpose of coercing or divantage of any school program, benefit, activities or would be eligible? The purpose of constitute a threat of the purpose of coercing or divantage of the purpose of coercing or divantage.	leterring you from p ty or opportunity : Yes	participating in for which the _ No
XI.		SIS FOR PERPETRATOR'S ACTIONS		
	Do y	ou claim that the perpetrator's actions were done for	or any of the followi	ng reasons:
		Reason	<u>Yes</u>	<u>No</u>
	A. B. C. D. E.	Your race? Your sex? Your religion? Your national origin? Your disability?		
agains		rou claim that there is another reason or reasons that is described in this complaint? If so, please describe fully, specifically and in describe fully.	Yes No	
XII.	WIT	<u>rnesses</u>		
	estavia	se state the correct names of any and all persons, Hills Board of Education and other individuals cribed in this complaint.		

XIII. SUPPORTING EVIDENCE

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

Reason Yes No

		T		
	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		
the Prir		u willing to deliver the above described evidence to scl in make an investigation of this complaint?		in order that No
XIV.	MEDI	CAL INFORMATION		
inciden		Do you claim that you sustained any personal injury as bed in this complaint? lease describe the nature and extent of your injuries.		No
describ		Were you caused to be hospitalized as a result of s complaint? lease state the name of the hospital and the period you w	Yes	No
inciden treatme	If so,	Did you receive medical treatment from a physician as bed in this complaint? please state the name of your doctor and a brief do	Yes	No
	If so,	Do you claim that you incurred medical expenses as abed in this complaint? please set forth information regarding those medical h bill and the dates that you received medical treatment.	Yes	No

XV. REPORTING THREAT OF SUICIDE

Do you	The Student Harassment Prevature on May 7, 2009 requires to have any personal knowledged to suicide? If so, please state the correct national states are the correct national states are the correct national states.	he following question to be that any student attending Y	asked on this your school hes No_	complaint form. as threatened to
XVI.	<u>VERIFICATION</u>			
	Are the statements contained in	n this complaint true?	Yes	No
	Are you aware that Vestavia inary action may be taken again d another?		berately and re	
		Date of Complaint:		
		Signature of Student Filing	g this Complain	nt
Signatu ———	ures of Parents of Student:			
		WITNESSED:		
		Bv		

CRAIN

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 coop rate with the investigation/review, including but not limited to, attending meetings, being forthright and honest during the process and 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

ELEMENTRY:

Chatom Elementary or McIntosh Elementary

NAME OF STUDENT FILING HARASSMENT COMPLAINT:

NAME OF THE STUDENT OR STUDENTS ACCUSSED 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 DISCUSED THE MATTER WITH YOUR PARENTS OR TEACHERS? YES OR NO IF SO WHO, PLEASE LIST

RECEIVED 01/01/2008 16:32 05/21/2012 11:00 2518473611

2058224858 WASHINGTON CO BOE

PAGE 12

CRAIN

BECAUSE OF THIS HARASSMENT OR ANY OTHERS HAVE YOU HAD OR ARE YOU HAVING SUICIDAL THOU GHTS 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 tindividual to accompany you to any meetings and/or interview(s) regarding this complaint. The role of the advisor is limited to of 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, creek, 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 REPO	RTED BY: STUD	ENT PARENT/GUA	RDIAN				
Date of Incident			Time				
Specific Location of Incident		1	,				
DESCRIPTION							
OTHER INFORMAT	ION						
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 follo	wing:						
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.						
	fect of being sufficiently sec acational environment for a s		enough to create an intimidating, threatening,				
Student			Date				
O.D.							
OR							
Parent/Guardian			Date				