

BULLYING/HARASSMENT COMPLAINT FORM

To file a complaint relating to an incident of alleged bullying (for the purpose of this form, bullying encompasses bullying, harassment, and discrimination,) please complete this form as fully and accurately as possible and turn it in to the appropriate District Department Administrator or school Principal/Investigative Designee.

If you would like to report this information anonymously, please note so under "COMPLAINANT NAME." Other options are to call the Silence Hurts Tipline at (754) 321-0911, email to school911@browardschools.com, text to CRIMES 274637 (message must begin with SBBC,) fill it in online at www.broward.k12.fl.us/siu/siunew/tipsemail.asp.

DATE COMPLAINT MADE:	COMPLAINANT NAME (if prefer anonymous, write "Anonymous"):		
ALLEGED VICTIM NAME:	HOME SCHOOL/DEPT. OF VICTIM:	SEX:	GRADE:
ACCUSED NAME:	HOME SCHOOL/DEPT. OF ACCUSED:	SEX:	GRADE:
SCHOOL SITE /DEPARTMENT WHERE INCIDENT OCCURRED:			INCIDENT DATE:
FOR OFFICIAL USE ONLY:	COMPLAINT RECEIVED BY:		
DATE COMPLAINT RECEIVED:	INVESTIGATIVE DESIGNEE/ADMINISTRATOR COMPLAINT REFERRED TO:		

Where did the incident(s) occur?

When did the incident(s) occur? Date(s): _____ Time(s): _____

Please describe, in as much detail as possible, what happened.

Do you know of any witnesses? If so, please provide as much detail as possible about these people.

List and attach any evidence of bullying if available (i.e. letters, photos, Online posts, etc.)

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

Signature of complainant: _____ Date: _____

Thank you. If you fear a student is in eminent danger, call 911 immediately.