



## Bullying 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 school or District Department/Principal/Administrator/Investigative Designee.

If you would like to report this information anonymously, please note so under "COMPLAINANT NAME" and turn it in to the school's Anonymous Reporting Box or via email to: school911@browardschools.com

<b>DATE COMPLAINT MADE:</b>	<b>COMPLAINANT NAME</b> (if ANONYMOUS, write "Anonymous" here):		
<b>VICTIM NAME</b> (last, first, middle):	<b>HOME SCHOOL/DEPT. OF VICTIM:</b>	<b>SEX:</b>	<b>GRADE:</b>
<b>ACCUSED NAME</b> (last, first, middle):	<b>HOME SCHOOL/DEPT. OF ACCUSED:</b>	<b>SEX:</b>	<b>GRADE:</b>
<b>SCHOOL SITE /DEPARTMENT WHERE INCIDENT OCCURRED:</b>		<b>INCIDENT DATE:</b>	
<b>FOR OFFICIAL USE ONLY:</b>	<b>COMPLAINT RECEIVED BY:</b>		
<b>DATE COMPLAINT RECEIVED:</b>	<b>INVESTIGATIVE DESIGNEE/ADMINISTRATOR COMPLAINT REFERRED TO:</b>		

Where did the incident occur?

When did the incident occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_

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

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

List evidence of bullying if any (i.e. letters, photos, etc. –attach evidence if possible)

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

Signature of complainant: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you, this report will be followed up on within 2 school/work days.  
If you fear a student is in IMMEDIATE danger, call 911 immediately!*