

Leon County Public Schools

Report About Possible Bullying/ Harassment Incident(s)

Per LCS Policy, you can submit this form anonymously.

This form should be used to report a possible incident of bullying as defined in the Leon County School District's policy prohibiting bullying and harassment. Bullying according to school policy (5517) involves systematic and chronic infliction of physical hurt or psychological distress on one or more students or employees. Harassment according to school policy (5517) is threatening, insulting, or dehumanizing gestures, use of data, telecommunications facilities (wireless phones, text messages), or computer software or technology (email, social networking sites, blogs, web pages), or written, verbal or physical conduct directed against a student or employee.

This form can be filled out by any person concerned about bullying or harassment. (Please use the back of this form if you would like to list your needs, your concerns.)

Your name: _____ (optional) School: _____

Name of person being mistreated: _____

Name of person accused of bullying/harassment: _____

Date(s) of incident: _____

Where did the incident happen? _____

Choose the statement(s) that best describes what happened. Choose all that apply.

- ☐ Taunting and Insults ☐ Threat ☐ Stalking ☐ Theft ☐ Cyber Bullying ☐ Access Denied
☐ Social Isolation/Exclusion ☐ Verbal Intimidation ☐ Physical Intimidation ☐ Physical Violence
☐ Public humiliation ☐ Rumor-spreading ☐ Name Calling ☐ Mean Comments ☐ Gestures
☐ Other _____

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

Was the incident related to the alleged victimized person's race, sex, or disability? ☐ YES ☐ NO

If yes, please give a brief explanation.

Have you reported this incident to anyone before? ☐ YES or ☐ NO

If yes, who? _____

Please list any witnesses. _____

Signature of person completing this form: _____ (optional) Date: _____

Thank you. This report will be followed up in a prompt manner. By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. **If you fear a person is in IMMEDIATE danger, please contact a trusted individual right away!**

-Turn Over-

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Please list your concerns:

Please list your needs:

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

For Office Use Only

Date Received: _____

Received by: _____
(Print Name) (Signature)

Action(s) taken with person being mistreated: _____

Is the person being mistreated having thoughts of suicide or thoughts of harming others? Yes ___ No ___
If yes, complete the Suicide Risk Assessment or the Florida Harm Prevention and Threat Management Instrument. (F.S. 1006.07)

Action(s) taken with person accused of bullying/harassment: _____

Is the person being accused of bullying/harassment having thoughts of suicide or thoughts of harming others?
Yes ___ No ___
If yes, complete the Suicide Risk Assessment or the Florida Harm Prevention and Threat Management Instrument. (F.S. 1006.07)

Follow up with the person being mistreated: _____

Follow up with the person being accused of bullying: _____

