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 student or employee. 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-spreadig ☐ 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? ____________________________

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-

Please list your concerns: ____________________________

Please list your needs: ____________________________
For Office Use Only

Date Received: __________________________  Received by: __________________________

Action(s) taken with person being mistreated: __________________________________________________
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Action(s) taken with person accused of bullying/harassment: ______________________________________
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Follow up with the person being mistreated: ____________________________________________________
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Follow up with the person being accused of bullying: ____________________________________________
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