

**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-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? \_\_\_\_\_

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:

03.06.20/klr

- |    |    |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

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**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 or Threat Risk Assessment. (SB 7040)*

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

Is the person being accused of bully/harassment having thoughts of suicide or thoughts of harming others?  
Yes \_\_\_ No \_\_\_ *If yes, complete the Suicide or Threat Risk Assessment. (SB 7040)*

Follow up with the person being mistreated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up with the person being accused of bullying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_