

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
STUDENT SUPPORT SERVICES
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000

BULLYING AND HARASSMENT REPORT

Instructions: Use this form to report a possible incident of bullying or harassment of yourself or another student/employee as defined in the Sarasota County School Board Policy 2.70, Bullying and Harassment. Print all information on the form. **Anyone can report bullying or harassment by talking to an administrator or completing this form and returning it to an assistant principal, principal, or department administrator. This form can also be submitted anonymously by placing it in the school/department designated drop off spot for anonymous reporting. This report will be followed up on within 2 school/business days. If you feel you or another student/employee is in IMMEDIATE danger, call the contacts below or the police at 911.**

**HOTLINE (Reporting) 1-877-7BE-BRAVE
SCHOOL SAFETY AND SECURITY (24 HRS) (941) 966-SAFE**

Name of Person Filing Report (optional) _____ School/Department _____

Victim Name _____

Alleged Offender(s) Name(s) _____

Is this the first time you or the student/employee has been bullied or harassed? Yes No

If No, is the bullying/harassment by the same person(s) or a different person(s)? _____

If No, were any of these incidents previously reported? Yes No If Yes, to whom _____

Where did the incidents happen? (choose all that apply)

On school/department property At a school/department sponsored activity or event off of school property On the computer

On a school bus On the way to/from school At the bus stop Other _____

When did the incidents occur? (dates and times) _____

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

Teasing Intimidation Physical violence Public humiliation Cyberbullying

Social exclusion Threat Stalking Theft Other _____

What did the alleged offender(s) say or do? (attach additional information if needed) _____

Were there any witnesses? Yes No If Yes, provide details. _____

List or attach evidence of bullying/harassment, if any (i.e. letters, photos, etc.) _____

By completing this form, you are verifying that your statements are true and exact to the best of your knowledge.

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

OFFICE USE ONLY

Date Received	
Received By	

Distribution: Original: Investigative file(s) (for employee(s)) Student files (for student(s))