

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))