

**TAYLOR COUNTY SCHOOL DISTRICT  
HARASSMENT OR INTIMIDATION (BULLYING) REPORTING FORM**

**Directions:** Harassment and intimidation (bullying) are serious and will not be tolerated. This is a form to report alleged harassment and intimidation (bullying) that might occur on school property, at a school-sponsored activity or event off school property, on a school bus, or on the way to and/or from school, during the current school year. If you are a student victim, the parent/guardian of a student victim, or a close adult relative of a student victim, and wish to report an incident of alleged harassment or intimidation (bullying), complete this form and return it to the Principal at the student victim's school. Contact the school for additional information or assistance at any time.

Harassment and intimidation (bullying) means conduct, including verbal conduct, that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being, and is motivated by an actual or a perceived personal characteristic such as race, national origin, marital status, sex, sexual orientation, gender identity, religion or disability, or is threatening or seriously intimidating.

Today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School: \_\_\_\_\_

Person Reporting Incident: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check as appropriate: \_\_\_\_\_ Student \_\_\_\_\_ Parent/guardian \_\_\_\_\_ Close adult relative

1. Name of student victim: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name(s) of alleged offender(s) (If known): \_\_\_\_\_  
Age \_\_\_\_\_ Is he/she a student? (if known) \_\_\_\_\_ Yes \_\_\_\_\_ No

3. On what date(s) did the incident happen? \_\_\_\_\_

4. Where did the incident happen (check all that apply)?

On school property \_\_\_\_\_

At a school-sponsored activity or event off school property \_\_\_\_\_

On a school bus \_\_\_\_\_

On the way to/from school \_\_\_\_\_

5. Check the statement(s) that best describes what happened (check all that apply):
- Hitting, kicking, shoving, spitting, hair pulling, or throwing objects \_\_\_\_\_
  - Getting another person to hit or harm the student \_\_\_\_\_
  - Teasing, name-calling, making critical remarks, or threatening in any form \_\_\_\_\_
  - Demeaning and making the victim of jokes \_\_\_\_\_
  - Making rude and/or threatening gestures \_\_\_\_\_
  - Excluding or rejecting the student \_\_\_\_\_
  - Intimidating (bullying), extorting, or exploiting \_\_\_\_\_
  - Spreading harmful rumors or gossip \_\_\_\_\_
  - Other (specify below) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach a separate sheet if necessary)

7. Why did the harassment or intimidation (bullying) occur?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach a separate sheet if necessary)

8. Did a physical injury result from this incident? Please specify.

9. If there was a physical injury, do you think there will be permanent effects?

10. Was the student victim absent from school as a result of the incident? \_\_\_ Yes \_\_\_ No  
 If yes, how many days was the student victim absent from school as a result of the incident?

11. Do you believe a psychological injury result from this incident? Place explain.

12. Is the student victim a student with a disability receiving ESE services under Section 504? Yes No

13. Is the bully a student with a disability receiving ESE services or services under Section 504? Yes No

**14. Is there any additional information you would like to provide?**

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(Attach a separate sheet if necessary)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g. and the Florida Department of Education.**