AUTAUGA COUNTY SCHOOLS STUDENT BULLYING COMPLAINT FORM

Student's (Victim) Name:		Date:/
School Name:	_ Grade:	Age:
Person Reporting:	Title/Relation:	
Please check all that apply:		
☐ Bullying is occurring at school	\square Bullying is occurring between classes	
☐ Bullying is occurring on the bus	☐ Bullying is occurring at PE/Gym/Recess	
☐ Bullying is occurring at the bus stop	☐ Bullying is occurring at lunch	
and/or in route to/from home	☐ Bullying is occurring in the restroom	
☐ Bullying is occurring on social media, i.e.	☐ Bullying is occurring in the classroom	
Facebook, Twitter, Instagram, Snap Chat or other	☐ Bullyin	g is occurring before/after school
	☐ Bullyin	g is occurring other:
Specific Description of I	Bullying Compla	int
Names(s)of alleged bully(ies):		
Dates of Bullying Incidents:		
☐ Student is having suicidal thoughts/ideation. If checked, the person receiving this notification must response Homicide Protocols must be followed.	ond to this report a	s a suicidal threat and the Suicide/
Signature of person reporting:	Date submi	tted to Principal:
Name of person (employee) receiving this complaint:		-

The Autauga County Board of Education prohibits all forms of bullying against students. The Board's anti-bullying policy can be found in the Student Code of Conduct Manual. The Jamari Terrell Williams Student Bullying Prevention Act, No. 2018-472, defines bullying as a continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, cyberbullying or written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the character-istic falls into one of the categories of personal characteristics contained in the policy adopted by the local board.