



For Office Use Only	
<input type="checkbox"/>	Founded
<input type="checkbox"/>	Unfounded

The School District of Okeechobee County
Reporting Form for Bullying, Harassment, & Title IX

This form should be used to report either an alleged incident of bullying or harassment as defined in School Board Policy 5.321 or an alleged violation of Title IX as outlined in School Board Policy 3.33. Any student/adult can report bullying or harassment by talking to an administrator or completing this form. This form can also be used to report anonymously.

Name of Person Filing this Report (Optional)	Male/Female	Grade
Victim's Name	Male/Female	Grade
Alleged Perpetrator's Name	Male/Female	Grade
School	Date report is being made / /	
Principal/Administrator	Incident Date & Time / / ____:____	

Where did the incident happen? (Choose all that apply):

- On school property
 At a school-sponsored activity
 On the computer
 Outside of school
 On the bus
 At the bus stop
 Other _____

Witness	Male/Female	Grade
Witness	Male/Female	Grade

Describe the Incident: (What did the alleged offender(s) say or do?) _____

Is there any documentation and/or evidence that pertains to this case (e.g. written notes, emails, computer records, text messages, photos) Please attach. _____

Signature of the student/adult completing this form (optional): _____

By completing this form, you are verifying that your statements are true and exact to the best of your knowledge. If you fear a student/adult is in immediate danger, please contact an adult or law enforcement right away.

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Date Received / /	Parent of Victim Notified Before: / / ____:____ After: / / ____:____	Was there physical, verbal or social aggression? <input type="checkbox"/> yes <input type="checkbox"/> no
	Date Investigation Began / /	Parent of Perpetrator Notified Before: / / ____:____ After: / / ____:____
Outcome: <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Referral to SBIT		Was the incident chronic, persistent or repeated? <input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> Referral to Law Enforcement		Did the conduct interfere with the victim's educational performance, opportunities or beliefs? <input type="checkbox"/> yes <input type="checkbox"/> no