

# HERNANDO COUNTY SCHOOL BOARD

## Bullying Anonymous Reporting Form



If you have information regarding bullying and would like to report this information, please fill out the following form to the best of your knowledge. Please note that this form is completely anonymous. *(For the purpose of this form, bullying encompasses bullying and harassment.)*

VICTIM NAME (last, first, middle)	SEX	GRADE	AGE
ACCUSED NAME (last, first, middle)	SEX	GRADE	AGE
SCHOOL/SITE	SCHOOL TELEPHONE (352) -		
SITE ADMINISTRATOR	TODAY'S DATE		

When did the incident occur?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the incident occur?

Please describe, in as much detail as possible, what happened. (attach additional paper an

Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.

List evidence of bullying, if any (i.e. letters, photos, etc. – attach evidence if possible)

Thank you, this report will be followed up on within 5 school/work days. If you fear a student is in IMMEDIATE danger, contact their home school or the police immediately!

### For Office Use Only

Date Received:	
Received by:	

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## Bullying Complaint Report Form



This report **MUST** be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying and harassment*) and turned in to the Site Administrator of the victim's assigned location or the District office if allegations are against a Site Administrator.

VICTIM NAME:	SEX	GRADE
ACCUSED NAME: (last, first)		
SCHOOL SITE/DEPARTMENT: ( or site where incident occurred)	HOME SCHOOL/DEPT. OF VICTIM	
SITE ADMINISTRATOR	TODAY'S DATE:	

When did the incident occur?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Describe the location where the incident took place:

Description of incident witnessed:

List any witnesses' names and grades (if applicable):

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible):

**I agree that all of the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of person receiving Bullying Complaint Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/School

\_\_\_\_\_  
Signature

Action	Agreed to Informal Resolution (Student-Student only)	Formal Resolution
Date		
Outcome		
Signatures		

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## Bullying Witness Statement



WITNESS NAME: (last, first)	WITNESS TITLE: (Ex. Parent, Student or Teacher)	INTERVIEW DATE:
VICTIM NAME:	[REDACTED]	
ACCUSED NAME: (last, first)	[REDACTED]	
SITE: (where incident occurred)	SCHOOL TELEPHONE:	
SITE ADMINISTRATOR	INCIDENT DATE:	

When did the incident occur?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Describe the location where the incident took place:

Description of incident witnessed:

List any other witnesses' names and grades (if applicable):

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible):

**I agree that all of the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of person receiving Bullying Witness Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/School

\_\_\_\_\_  
Signature of person receiving Bullying Witness Form