

Lake County Schools

Bullying or Harassment Reporting Form

This report must be completed to file a complaint relating to an incident of alleged bullying or harassment as defined in LCSB Policy 5.33 and Florida Statute 1006.147 and turned in to the school or worksite designated location. **If you fear a student is in IMMEDIATE danger, please contact the student's school or law enforcement immediately!**

The following factors will determine if bullying or harassment for students and employees falls within the scope of the Lake County School District:

- ☐ During any education program or activity conducted by a public K-12 educational institution; or
- ☐ During any school-related or school-sponsored program or activity or on a school bus or at a school bus stop of a public K-12 educational institute. Notwithstanding the duty to investigate complaints of bullying or harassment while a student is at a school bus stop, the School Board is not liable for such incidents but is only responsible to investigate and refer to the appropriate agency; or
- ☐ Through the use of data or computer software that is accessed through a computer, computer system, or computer network within the scope of a public K-12 educational institution; or
- ☐ Through the use of data or computer software that is accessed at a non-school-related location, activity, function, or program or through the use of technology or an electronic device that is not owned, leased, or used by a school district or school, if the bullying substantially interferes with or limits the victim's ability to participate in or benefit from the services, activities, or opportunities offered by a school or substantially disrupts the education process or orderly operation of a school. This paragraph does not require a school to staff or monitor any non-school-related activity, function, or program.

Section Below to be Completed by Student, Employee, Parent, or Visitor

Directions: If this incident meets at least one of the factors within the Scope of the District, print this document, fill in information, and drop this form off at the designated school or worksite location.

Name of Person Completing Form (First, Middle, and Last)	Sex (M or F)	Phone Number	
Victim Name (First, Middle, and Last)	Sex (M or F)	Grade	Age
Accused Name (First, Middle, and Last)	Sex (M or F)	Grade	Age
Witness #1 Name (First, Middle, and Last)	Sex (M or F)	Grade	Age
Witness #2 Name (First, Middle, and Last)	Sex (M or F)	Grade	Age
Location of Incident		School/Department of Victim	
Principal/District Administrator		Today's Date	

Date of Incident _____ **Time of Incident(s)** _____ **Frequency of Incident(s)** _____

1. Where/How did the incident happen (choose all that apply)?

- ☐ On school property ☐ At a school-sponsored activity ☐ At an event off campus
- ☐ On a school bus ☐ On the way to school ☐ On the way from school
- ☐ Electronically ☐ Internet ☐ E-mail ☐ Cell phone ☐ Wireless hand-held device ☐ During school ☐ At home
- ☐ Other electronic device _____
- ☐ Other _____

2. Which statement(s) best describes what happened (choose all that apply)?

- ☐ Teasing ☐ Social Exclusion ☐ Threats ☐ Intimidation
- ☐ Physical Violence ☐ Public Humiliation ☐ Theft ☐ Stalking
- ☐ Destruction of Property ☐ Spreading False Rumors ☐ Cyberstalking/Cyberbullying
- ☐ Sexual Harassment ☐ Religious Harassment ☐ Racial Harassment
- ☐ Disability Harassment ☐ Third Party Bullying/Harassment ☐ Other _____

3. Describe what happened.

4. **What steps have you already taken to resolve the situation?**

5. **If witnesses are involved, describe their role in this incident.**

6. **Did this incident inflict physical hurt or psychological distress? If yes, how?**

7. **If incident involves the use of data or computer software, did this incident adversely affect your educational or work environment? If yes, how?**

☐ **Attach any supporting documentation and/or evidence.**

This report will be followed up within two (2) school days as it pertains to students and thirty (30) duty days as it pertains to employees.

By signing this document, I agree that all of the information on this form is accurate and true to the best of my knowledge. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signature of Person Completing Form

Date

In-Take Documentation - For School/Department Use Only	
Date Received	Received By
Date Given to Investigator	Name of Investigator
Date Investigation Initiated	

In-Take Person – Once report has been received, the report shall be given to investigator within one (1) school day.

Investigator – Once report has been received, contact to parents/guardians of victim and perpetrator shall be made on same day report is received.

Victim

Parent Name

Phone Number

Time of Contact

Method of Contact

If unable to speak with a parent, the school must contact parent/guardian via mail.

Accused

Parent Name

Phone Number

Time of Contact

Method of Contact

If unable to speak with a parent, the school must contact parent/guardian via mail.

Next Step – Conduct investigation (conduct preliminary investigation first, if needed).