



STUDENT HARASSMENT AND BULLYING COMPLAINT FORM

The Alabama State Department of Education requires each school system to establish a procedure for the investigation of all incidents reported to school officials of harassment, violence, threats of violence, or intimidation by any other student. This form will assist schools in the St. Clair County Public School System in investigating these reported incidents of such behavior.

The Jamari Terrell Williams Student Bullying Prevention Act, No. 2018-472 defines Bullying as a continuous pattern of intentional behavior on or off of school property, on a school bus, or at a school-sponsored function including, but not limited to, cyberbullying or written, electronic, verbal, or physical actions 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 characteristic falls into one of the categories of personal characteristics contained in the Jamari Terrell Williams Student Bullying Prevention Act. To constitute bullying, a pattern of behavior may do any of the following:

- Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- Have an effect of substantially disrupting or interfering with the orderly operation of the school.
- Have the effect of creating a hostile environment in the school, on the school property, on a school bus, or at a school sponsored function.
- Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Please note that the submission of a complaint does not automatically substantiate that misconduct has occurred. The school administration has the responsibility to investigate any allegations of wrongdoing.

This form is to be completed and returned to the school principal or principal designee.

Name of Victim: _____

Grade: _____

School: _____

Homeroom Teacher: _____

Person reporting incident: (Place and X in the appropriate box.)

- Student
- Parent/Guardian
- Up stander
- Close adult relative of student
- Other _____

Name(s) of alleged offender(s), if known; (please print)

Grade

Is he/she a student?

- Yes No
- Yes No
- Yes No
- Yes No

Name(s) of alleged witness(es), if known; (please print)

Grade

Is he/she a student?

- Yes No
- Yes No
- Yes No
- Yes No

On what date(s) did the incident happen:

_____/_____/_____
Month Day Year

_____/_____/_____
Month Day Year

_____/_____/_____
Month Day Year

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

- On school property
- A school-sponsored event off school property
- School bus
- On the way to/from school
- Via Internet – sent on school property
- Via Internet – sent off school property

Place an X next to the statement(s) that best describe(s) what happened. (Choose all that apply.)

- Any bullying, harassment, or intimidation that involves physical aggression
- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim the object of jokes
- Making rude and/or threatening gestures
- Intimidating (bullying), extorting, or exploiting

- Spreading harmful rumors or gossip
- Cyberbullying (any type of social media) if applicable, attach evidence
- Sexual in nature
- Related to the student's perceived sexual orientation
- Excluding or rejecting the student
- Related to the student's disability
- Electronic communication (e.g., e-mail, text, sexting, etc.) If applicable, attach evidence
- Racial harassment
- Sexual harassment
- Other _____

Why did the bullying, harassment, or intimidation occur? (Choose all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Because of race | <input type="checkbox"/> Because of ethnicity | <input type="checkbox"/> Because of color |
| <input type="checkbox"/> Because of ancestry | <input type="checkbox"/> Because of national origin | <input type="checkbox"/> Because of religion |
| <input type="checkbox"/> Because of sex | <input type="checkbox"/> Because of sexual orientation | <input type="checkbox"/> Because of immigration status |
| <input type="checkbox"/> Because of gender | <input type="checkbox"/> Because of gender identity | <input type="checkbox"/> Because of gender expression |

Did a physical injury result from this incident(s)? (Check the appropriate box.)

- No
- Yes, but did not require medical attention
- Yes, medical attention required

Describe the incident(s), including what the alleged offenders said or did. Also, include any additional information you would like to provide (Please print. Attach a separate sheet, if necessary.)

Complete and sign on next page.

