BULLYING COMPLAINT FORM Jamari Terrell Williams Student Bullying Prevention Act #2018-472

It is required by ACT #2018-472 that this form be submitted by the affected student or the parent or guardian of the affected student and not by an education employee on behalf of an affected student or his or her parent or guardian.

The affected student, or the parent or guardian of the affected student, must submit this form to the school's Principal or his/her designee in person or by United States postal mail. The principal/designee is responsible for the investigation. Incomplete forms will not be considered for investigation.

Anonymous reports are not the basis for imposing disciplinary action against a student. Reprisal or retaliation against any person who reports an act of intimidation, violence, threat of violence, or bullying, is prohibited. Appropriate remedial action will be taken against a person who engages in such reprisal or retaliation.

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me of alleged student victim: Name(s) of alleged offender(s), if known			Grade	Age: Grade: School					Is he/she a		
									,	⁄es	No
Name(s) of	alleged wit	ness(es), if	known	Grade				School			
Date(s) and	ocations of	alleged inc	idences: (Che	eck all tha	t apply	/ for each li	sted date.)				
Month	Day	Year	On school property but not via Internet	At a schoding of the school activity event of school proper	ol l , or off ol	On a school bus	On the way to/from school property	Made off school property but not via Internet	Made via Internet - sent from school property	Int f lo	ade vernet sent from a ocation off school

Place a check next to the statement(s) that best describe(s) who Any bullying, harassment, or intimidation that involves phrasment, which is a high property of the prop	ysical aggression						
Getting another person to hit or harm the studentTeasing, 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	ion Conselvat Instrumento Vilenta						
Cyberbullying (e.g., social media including Facebook, Twitt Sexual in nature	er, Snapchat, instragram, kik, etc.)						
Related to the student's perceived sexual orientation							
Excluding or rejecting the student							
Related to the student's disability							
Electronic or written communication (e. g., e-mail, text, se	xting, etc.)						
Racial harassment							
Sexual harassment							
Other							
Why do you believe that the bullying, harassment, or intimidati	on occurred? (Choose all that apply.)						
Because of race	Because of physical disability						
Because of sexual orientation	Because of religion						
Because of ethnicity	Because of mental disability						
Because of family/parent/material status	Because of immigration status						
Because of color	Because of age						
	Because of sex						
Because of poverty/socioeconomic status	Just to be mean Because of gender						
Because of ancestry	To impress others						
	Because of gender identify						
Because of language	Because of unknown reason						
	Because of gender expression						
Because of national origin							
Because of another reason (specify below)							
Describe the incident(s), including what the alleged offender(s)	said or did. (Please print.)						
Did a physical injury result from this alleged incident?							
No Yes, but it did not require medical attention	Yes, and it required medical attention.						
To your knowledge, has the alleged victim threatened suicide?							
No Yes (Check all that apply.)							
In writing, whether hand-written or printed text							
Electronic							
Verbal							
Physical							

(Attach a separate sheet if necessary.) (sy signing below you agree that all of the information on this form is accurate and true to the best of your knowledge. Printed name: Signature: Date:	s there any additional information that you would like to provide? (Please print.)					
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