



Miami-Dade County Public Schools

Bullying and Harassment

Anonymous Reporting Form

If you have information regarding bullying/harassment and would like to report this information anonymously, please fill out the following form to the best of your knowledge and submit.

School/ Regional Center _____

Principal: _____ Today's date ____ / ____ / ____

	Sex M or F	Grade	Age
Target / Victim's Name (First and Last)			
Alleged Bully's Name (First and Last)			
Witness #1 Name (First and Last)			
Witness #2 Name (First and Last)			

Date of Incident: ____ / ____ / ____ **Time of Incident(s):** _____ **Frequency of Incidents:** _____

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

- On school property At a school-sponsored activity or event off school property
- On a school bus On the way to/from school
- On an electronically transmitted device (i.e., Internet, email, cellular telephone, or wireless)

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

- Teasing Social Exclusion Threats Intimidation
- Sexual, religious or racial harassment Public humiliation Physical violence Theft
- Stalking Destruction of property Spreading false rumors Cyberstalking/Cyberbullying

3. Describe what happened.

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

UWDO K'""Crgzcpf tc'O 0Ub kj "UEJ QQN"VTWUV"URGEKCNKV""crgzcpf tcauo kj B f cf gvej qqnu0gv

Thank you. This report will be investigated within 24 hours. If you fear that a student is in IMMEDIATE danger, please contact School Police at 305 995-COPS.

For Office Use Only

Date Received:	Date of Investigation:
Received By:	Outcome:

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

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