

Barbour County Schools
Bullying, Harassment, Intimidation and Sexual, Racial or
Ethnic/Religious Harassment or Violence Reporting Form

This form is used to report conduct which may violate Barbour County Policies 8420/2300/2310/6110. This form is to only be used in accordance with County and State Policy.

Complaint Number (Office Use Only): _____ - _____ . _____ . _____

The complaint number is unique for each school and incident. Put the school year followed by the school code and the incident number (Ex. 10-11.303.001; 10-11.303.002; etc...).

Date: _____ **Time:** _____ **Notified by:** Telephone – In Person – Writing – Other

Name of Complainant (Person Reporting Violation): _____

Title of Complainant (Circle One):

Student Teacher Parent Administrator Other Staff Member Other: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Name of Person Completing form: _____

Circle one if different from above:

Student Teacher Parent Administrator Other Staff Member Other: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Description of Incident (Name the victim. Describe what happened. Identify who was involved. Identify any witnesses who saw the incident):

Have you reported this or similar behavior before? ___ Yes ___ No. If yes, indicate to whom and the date:

To whom reported: _____ **Date:** _____

Please provide the names(s) of any other person(s) who may have knowledge of this incident:

I affirm that the foregoing is a true and accurate account of my observations. I believe the relevant information that I have given above describe a violation of the Bullying, Harassment, Intimidation, and/or Sexual, Racial or Ethnic/Religious Harassment or Violence Policy.

Signature of Complainant

Date

Received by:

Position

Date