

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:					
Principal:		_ Today's dat	e / /		
		Gender	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)					
1. Where did the incident happen? 1. Where did the incident happen? 2. On school property 3. On a school bus 4. On an electronically transmitted.	At a scheme At a s	nool-sponsored way to/from sch lular telephone)	activity or event	off school proper	
Teasing	es what happened? (Choose all that apply.)Social Exclusion Threats		Threats		
Intimidation	Sexual, religious, or racial harassment		Public or Private Humiliation		
Physical Violence	TheftStal		Stalking	alking	
Destruction of Property	Spreading False Rumors Sexual Orientation or Gender Identity		Cyberstalking/Cyberbullying Hazing		
3. Describe what happened.					
4. If witnesses are involved, descri	be their role in this incident.				

Options to submit this report:

- Print and place in bullying reporting box.
- Print and give directly to a school administrator.
- Print and fax to 305-816-0437.

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:		