



ONEONTA CITY SCHOOLS
27605 State Hwy 75
Oneonta, AL 35121



BULLYING, HARASSMENT or INTIMIDATION COMPLAINT FORM

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

DEFINITION: Bullying, harassment, and intimidation are intentional verbal, written, and/or physical conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities and performance, or with a student's physical or psychological well-being and is as follows:

- Motivated by an actual or a perceived personal characteristic, including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability.
- Threatening or seriously intimidating
- Occurs on school property, at a school activity or event, or on a school bus
- Substantially disruptive to the orderly operation of a school.

Today's date: _____ / _____ / _____
 Month Day Year

OES OMS OHS

| | | | | | | |
|-----|---|---|---|---|--|----------|
| 1. | Name of student victim: | Age | Grade | Address: | | Phone: |
| 2. | Name(s) of alleged offender(s) if known | Age | Grade | School (if known) | Is he/she a student? | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | On what date(s) did the incident(s) happen? | 1- Date: | | 2- Date: | | 3- Date: |
| 4. | Where did the incident happen? (choose all that apply) | | | | | |
| | <input type="checkbox"/> On School Property | | | <input type="checkbox"/> On a school bus | | |
| | <input type="checkbox"/> At a school-sponsored activity or event off school property | | | <input type="checkbox"/> Off school Property | | |
| 5. | Place an <input checked="" type="checkbox"/> next to the statement(s) that best describes what happened (choose all that apply): | | | | | |
| | <input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something | | | | | |
| | <input type="checkbox"/> Coercing another person to hit or harm the student | | | | | |
| | <input type="checkbox"/> Repeated teasing, name-calling, making critical remarks, or threatening, in person or by other means | | | | | |
| | <input type="checkbox"/> Repeated demeaning statements encouraged to make the victim the basis of jokes | | | | | |
| | <input type="checkbox"/> Making rude and/or threatening gestures | | | | | |
| | <input type="checkbox"/> Intimidating, bullying, extorting, or exploiting | | | | | |
| | <input type="checkbox"/> Spreading harmful rumors or gossip | | | | | |
| | <input type="checkbox"/> Electronic Communications (specify): <input type="checkbox"/> Text <input type="checkbox"/> facebook <input type="checkbox"/> twitter <input type="checkbox"/> YouTube/Video <input type="checkbox"/> _____ | | | | | |
| | <input type="checkbox"/> Other (specify): _____ | | | | | |
| 6. | Other reasons of complaint (check applicable box) | | | | | |
| | <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation | <input type="checkbox"/> socio-economic status | | |
| | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Physical/Mental disability | <input type="checkbox"/> Physical appearance & characteristic | | |
| | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity & Expression | <input type="checkbox"/> Other _____ | | |
| 7. | Did a physical injury result from this incident? | | | | | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention | | | | | |
| 8. | If there was a physical injury, do doctors think there will be permanent effects? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 9. | Was the student victim absent from school as a result of this incident: <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 10. | If yes, how many days was the student victim absent from school as a result of the incident? Number of days _____ | | | | | |
| 11. | Did a psychological injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, but outside psychological services have not been sought <input type="checkbox"/> Yes, and outside psychological services have been sought | | | | | |

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|-----|---|
| 12. | Complaint Summary (identify: who, what, when and where) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| 13. | Witness Information (Provide Names of Witnesses) Name: _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult Address/phone: _____ Name: _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult Address/phone: _____ Name: _____ <input type="checkbox"/> Student <input type="checkbox"/> Adult Address/phone: _____ |
| 14. | PERSON REPORTING INCIDENT Name: _____ Telephone: _____ E-mail: _____ Place an <input checked="" type="checkbox"/> in the appropriate box: <input type="checkbox"/> Student (victim) <input type="checkbox"/> Student (witness/bystander) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Close adult relative <input type="checkbox"/> School staff |