

## **Scottsboro City Schools**

## **Bullying Complaint Form**

Submit a copy of the completed form to the Principal

NAME OF PERSON COMPLETING FORM:						
Relationship to Student: Parent/Guardian Self						
Student Name:				Grade:		
School Name:				Program:		
Туре	of Incident:					
	Bullying	Cyberbullying	8		Sexual Harassment	
	Intimidation	Thoughts of S	Suicide		Violence	
	Threats of Violence				Discrimination	
Date o	f Incident:	Time:	_Specific Loca	ition of Inc	cident:	
Description of Incident:						
Evidence to Support Incident: Yes No Attach all relevant evidence						
Witness(es) to Incident:				List all witness(es) below		
school electro the ass catego	property, on a school bus, onic, verbal, or physical acts sociation of a student with a pries of personal characteris	or at a school-sponso that are reasonably in individual who has tics contained in the	pred function perceived as s a particular model policy	including, being mot characteri adopted l	of intentional behavior that takes place on or off but not limited to, cyberbullying or written tivated by any characteristic of a student, or by listic, if the characteristic falls into one of the by the department or by a local board, and y do any of the following (check all that apply):	
	Place a student in reasonable fear or harm to his/her person or damage to his/her property.					
⊔ В. □ С.	Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.  Have the effect of substantially disrupting or interfering with the orderly operation of the school, whether the conduct					
□ D	occurs on or off school property, online, or electronically.  Have the effect of creating a hostile environment in the school, on school property, on a school bus or at a school-					
□ E.	sponsored function (including thoughts of suicide).  Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening or					
abusive educational environment for a student.						
Signa	ture of Person Reporti	ng:		Date submitted to Principal:		
Signature of Principal:					Date:	