



BULLYING COMPLAINT FORM

Jamari Terrell Williams Student Bullying Prevention Act #2018-472

It is required by ACT #2018-472 that this form be submitted by the affected student, or the parent or guardian of the affected student, and not by an education employee on behalf of an affected student or his or her parent or guardian.

This form is to be used to report behavior (alleged) that shows a continual pattern of intentional harassment, intimidation and/or bullying, which is a violation of ACT #2018-472. This form is not intended to report single incident violations of the Marshall County Schools Student Code of Conduct, but is to be completed when alleging a pattern of behavior. Once completed, this form should be returned to the building administrator where the student that is reporting the incident, or someone is reporting on their behalf, attends school. Please contact that school's administration for assistance related to this report.

Anonymous reports will not be the basis for imposing disciplinary action against a student. Reprisal or retaliation against any person who reports an act of intimidation, violence, threat of violence, or bullying, is prohibited and appropriate remedial action will be taken against a person who engages in such reprisal or retaliation.

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

Place an X by the box that describes the person completing report:

- Student Parent/Guardian (do not complete #3)
- Student Witness (do not complete #2)
- Parent/Guardian/Stakeholder (do not complete #2)

1. Name of alleged victim (**student**): _____ Age: ____ Grade: _____
School **student** attends (school receiving report): _____

2. If you are completing this report and are the alleged victim (**student**), have you previously reported a problem concerning this student (alleged offender)? Yes No

If yes, to whom did you report the offense (examples: administrator, SRO, local law enforcement)?
_____ Date: _____

3. Name of person reporting incident if other than student (**Reporter**): _____

Relationship to **student**: _____ (ex. Parent, Guardian, Stakeholder)

Contact Number: _____ Email: _____

- a. Have you previously reported a problem of this nature concerning the alleged **offender** and **student**?
 Yes No
- b. To your knowledge, has offense(s) been reported to school, law enforcement, SRO etc. before by someone other than yourself? Yes No
- c. Did you actually witness the offense(s) being reported? Yes No

If you answered yes to letter b, please complete the following:

Name of person making prior report:	
Name of person receiving prior report:	
Date of prior report:	

Date(s) of incident prompting this report:			Location of the alleged incident (check all that apply for each listed date):						
Month	Day	Year	On school property but not via internet	At a school-sponsored activity or event off school property	On a school bus	On the way to/from school property	Made off school property but not via internet	Made via internet; sent from school property	Made via internet-sent from a location off school property

Name(s) of alleged student offender(s) and school attended:				
Name	Gender (M/F)	Grade	Race	School

Name(s) of alleged witness (es) and school attended:				
Name	Gender (M/F)	Grade	Race	School

Has a police report been filed? Yes No Are you willing to file a police report? Yes No

Describe the incident(s), including what the alleged offender(s) said or did causing the student to feel threatened, harrassed, and/or bullied: (please print)

Did a physical injury result from this alleged incident?

- No
- Yes, but it did not require medical attention.
- Yes, and it required medical attention.

To your knowledge, has the alleged victim threatened suicide?

- No
- Yes (check all that apply.)
 - In writing, whether hand-written or printed text
 - Electronic
 - Verbal
 - Physical

