



SELMA
CITY SCHOOLS
STUDENTS FIRST

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.

The affected student, or the parent or guardian of the affected student, must submit this form to the school's Principal or his/her designee in person or by United States postal mail. The principal/designee is responsible for the investigation. Incomplete forms will not be considered for investigation.

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: _____

PERSON REPORTING INCIDENT: Student Parent/Guardian

Name of alleged student victim: _____ Age: _____ Grade: _____

Name(s) of alleged offender(s), if known	Grade	School	Is he/she a student?	
			Yes	No

Name(s) of alleged witness(es), if known	Grade	School

Date(s) on which alleged incident(s) happened			Where did the alleged incident happen? (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

In what form did the alleged incident occur? (Choose all that apply.)

_____ Written whether hand-written or printed text _____ Electronic _____ Verbal _____ Physical

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Place a check next to the statement(s) that best describe(s) what happened. (Choose all that apply.)

- Any bullying, harassment, or intimidation that involves physical aggression
- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim the object of jokes
- Making rude and/or threatening gestures
- Intimidating, bullying, extorting, or exploiting
- Spreading harmful rumors or gossip
- Cyberbullying (e. g., social media including Facebook, Twitter, Snapchat, Instagram, Kik, etc.)
- Sexual in nature
- Related to the student's perceived sexual orientation
- Excluding or rejecting the student
- Related to the student's disability
- Electronic or written communication (e. g. e-mail, text, sexting, etc.)
- Racial harassment
- Sexual harassment
- Other _____

Why do you believe that the bullying, harassment, or intimidation occurred? (Choose all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Because of race | <input type="checkbox"/> Because of sexual orientation |
| <input type="checkbox"/> Because of ethnicity | <input type="checkbox"/> Because of family/parent/material status |
| <input type="checkbox"/> Because of color | <input type="checkbox"/> Because of poverty/socioeconomic status |
| <input type="checkbox"/> Because of ancestry | <input type="checkbox"/> Because of language |
| <input type="checkbox"/> Because of national origin | <input type="checkbox"/> Because of physical disability |
| <input type="checkbox"/> Because of religion | <input type="checkbox"/> Because of mental disability |
| <input type="checkbox"/> Because of immigration status | <input type="checkbox"/> Because of age |
| <input type="checkbox"/> Because of sex | <input type="checkbox"/> Just to be mean |
| <input type="checkbox"/> Because of gender | <input type="checkbox"/> To impress others |
| <input type="checkbox"/> Because of gender identify | <input type="checkbox"/> Because of unknown reason |
| <input type="checkbox"/> Because of gender expression | <input type="checkbox"/> Because of another reason (specify below) |
- _____

Describe the incident(s), including what the alleged offender(s) said or did. (Please print.)

Did a physical injury result from this alleged incident? (only select one response)

- 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

Is there any additional information that you would like to provide? (Please print.)

(Attach a separate sheet if necessary.)

By signing below you agree that all of the information on this form is accurate and true to the best of your knowledge.

Printed name: _____ Signature: _____ Date: _____