



# MADISON COUNTY SCHOOLS

## BULLYING/HARASSMENT/COMPLAINT FORM

Submit copy of completed complaint form to Central Office, Pupil Services Department

**A. TO BE COMPLETED BY:**  Student  Parent/Custodian (Print name) \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_ Program: \_\_\_\_\_

### Type of Incident:

Harassment

Sexual Harassment

\*Threat of Suicide

Violence

Intimidation

Discrimination

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Specific Location of Incident: \_\_\_\_\_

### Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence to Support Incident:  Yes  No Attach all relevant evidence

Witness(es) to Incident:  Yes  No List all witness(es) below

\_\_\_\_\_  
\_\_\_\_\_

**Ala. Code 16-28B-3. HARASSMENT.** A continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the model policy adopted by the department or by a local board. To constitute harassment, a pattern of behavior may do any of the following (check all that apply):

- A. Place a student in reasonable fear or harm to his/her person or damage to his/her property.
- B. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- C. Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- D. Have the effect of creating a hostile environment in the school, on school property, on a school bus or at a school-sponsored function (including thoughts of suicide).
- E. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening or abusive educational environment for a student.

Signature of Person Reporting: \_\_\_\_\_ Date submitted to Principal: \_\_\_\_\_

### B. TO BE COMPLETED BY SCHOOL

Action(s) Taken by Principal or Designee: \_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### C. REFERRAL ACTION FORM (to be completed after investigation if necessary)

Investigative Summary:

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Results of investigation:

ACTION TAKEN BY TEACHER	
<input type="checkbox"/>	Parent notified by phone: Date(s) _____
<input type="checkbox"/>	Previous parental notification by phone
<input type="checkbox"/>	Verbal Warning: Date(s) _____
<input type="checkbox"/>	Conference with Student: Date(s) _____
<input type="checkbox"/>	In-Class Displacement: Date(s) _____
<input type="checkbox"/>	Silent Lunch/Detention: Date(s) _____
<input type="checkbox"/>	Conference with Parent: Date(s) _____
<input type="checkbox"/>	Other Action(s):
ADMINISTRATIVE ACTION(S)	
<input type="checkbox"/>	Consultation with Student in Office:
<input type="checkbox"/>	Code of Conduct (C.O.C.) Information Given: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Warning Issued for Offense <input type="checkbox"/> Verbal <input type="checkbox"/> Written
<input type="checkbox"/>	Parent Notification <input type="checkbox"/> Phone/Number _____ <input type="checkbox"/> Letter/Sent _____ Date: _____ Time: _____
<input type="checkbox"/>	After-School Detention Number of Days _____ Inclusive Dates: _____
<input type="checkbox"/>	Saturday School Number of Days _____ Inclusive Dates: _____
<input type="checkbox"/>	In-School Suspension Number of Days _____ Inclusive Dates: _____
<input type="checkbox"/>	Out-of-School Suspension Number of Days _____ Inclusive Dates: _____
<input type="checkbox"/>	Guidance Counselor Referral Name of counselor: _____
<input type="checkbox"/>	Social Worker Referral Name of Social Worker: _____
<input type="checkbox"/>	Campus Police (SRO) Referral Name of SRO: _____
<input type="checkbox"/>	Other Action (Explain):
<input type="checkbox"/>	Harassment Consequences, reprisals, retaliation, or false accusations actions explained

Accused Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_