



Miami-Dade County Public Schools

Bullying and Harassment

Anonymous Reporting Form

If you have information regarding bullying/harassment and would like to report this information anonymously, please fill out the following form to the best of your knowledge and submit.

School/ Regional Center: _____

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

	Sex M or F	Grade	Age
Target / Victim's Name (First and Last)			
Alleged Bully's Name (First and Last)			
Witness #1 Name (First and Last)			
Witness #2 Name (First and Last)			

Date of Incident: ____ / ____ / ____

Time of Incident(s): _____

Frequency of Incidents: _____

1. Where did the incident happen (choose all that apply)?

- On school property
- On a school bus
- On an electronically transmitted device (i.e., internet, email, cellular telephone, or wireless)
- At a school-sponsored activity or event off school property
- On the way to/from school

2. Which statement(s) best describes what happened (choose all that apply)?

- Teasing
- Social Exclusion
- Threats
- Intimidation
- Sexual, religious or racial harassment
- Public or Private Humiliation
- Physical Violence
- Theft
- Stalking
- Destruction of Property
- Spreading False Rumors
- Cyberstalking/Cyberbullying
- Hazing

3. Describe what happened.

4. If witnesses are involved, describe their role in this incident.

Please fax this report to 305-995-7337.

Thank you. This report will be investigated within 24 hours. If you fear that a student is in IMMEDIATE danger, please contact School Police at 305 995-COPS.

For Office Use Only	
Date Received:	Date of Investigation:
Received By:	Outcome: