Dallas County School System

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

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.)

_____ Because of race
_____ Because of ethnicity
_____ Because of color
_____ Because of ancestry
_____ Because of national origin
_____ Because of religion
_____ Because of immigration status
_____ Because of sex
_____ Because of gender
_____ Because of gender identify
_____ Because of gender expression

_____ Because of sexual orientation
_____ Because of family/parent/material status
_____ Because of poverty/socioeconomic status
_____ Because of language
_____ Because of physical disability
_____ Because of mental disability
_____ Because of age
_____ Just to be mean
_____ To impress others
_____ Because of unknown reason
_____ 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?

_____ 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: ________________________________