



THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

BULLYING REPORTING FORM - ANONYMOUS

If you have information regarding bullying and would like to report this information anonymously, please fill out the following form to the best of your knowledge. Please note that this form is completely anonymous. (For the purpose of the form, bullying encompasses bullying, harassment, and discrimination.)

VICTIM NAME	GRADE
ACCUSED NAME	GRADE
SCHOOL	TODAY'S DATE

Where did the incident occur?

When did the incident occur?

Date: _____ Time: _____

Please describe, in as much detail as possible, what happened.

For Office Use Only

Report Received by:	Date Received:



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FORMULARIO PARA REPORTAR UN ACOSO - ANÓNIMO

Si usted tiene información relacionada con acoso y desea reportarlo anónimamente, favor de llenar el siguiente formulario a su mejor entender. Por favor, puede estar seguro de que este formulario es completamente anónimo. (Para propósitos del formulario, acoso abarca acoso, hostigamiento y discriminación).

NOMBRE DE LA VICTIMA	GRADO
NOMBRE DEL ACUSADO	GRADO
ESCUELA	FECHA DE HOY

¿Dónde ocurrió el incidente?

¿Cuándo ocurrió el incidente?

Fecha: _____ Hora: _____

Por favor describa, con muchos detalles si es posible, lo que ocurrió.

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