

# Harassment Report Coosa County Schools

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

Victim's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I wish to bring harassment charges against: \_\_\_\_\_ Grade: \_\_\_\_\_

INFRACTION REPORTED BY:		STUDENT	PARENT																
Date		Time																	
Location																			
<b>DESCRIPTION</b>																			
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Inappropriate Gesturing</td> <td><input type="checkbox"/> Damaging Property</td> <td><input type="checkbox"/> Staring/Leering</td> <td><input type="checkbox"/> Spitting</td> </tr> <tr> <td><input type="checkbox"/> Inappropriate Touching</td> <td><input type="checkbox"/> Taunting/Ridiculing</td> <td><input type="checkbox"/> Writing/Graffiti</td> <td><input type="checkbox"/> Stalking</td> </tr> <tr> <td><input type="checkbox"/> Demeaning Comments</td> <td><input type="checkbox"/> Flashing a Weapon</td> <td><input type="checkbox"/> Hitting/Kicking</td> <td><input type="checkbox"/> Stealing</td> </tr> <tr> <td><input type="checkbox"/> Intimidation/Extortion</td> <td><input type="checkbox"/> Shoving/Pushing</td> <td><input type="checkbox"/> Threatening</td> <td><input type="checkbox"/> Name Calling</td> </tr> </table> <p>Other: _____</p> <p>_____</p>				<input type="checkbox"/> Inappropriate Gesturing	<input type="checkbox"/> Damaging Property	<input type="checkbox"/> Staring/Leering	<input type="checkbox"/> Spitting	<input type="checkbox"/> Inappropriate Touching	<input type="checkbox"/> Taunting/Ridiculing	<input type="checkbox"/> Writing/Graffiti	<input type="checkbox"/> Stalking	<input type="checkbox"/> Demeaning Comments	<input type="checkbox"/> Flashing a Weapon	<input type="checkbox"/> Hitting/Kicking	<input type="checkbox"/> Stealing	<input type="checkbox"/> Intimidation/Extortion	<input type="checkbox"/> Shoving/Pushing	<input type="checkbox"/> Threatening	<input type="checkbox"/> Name Calling
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<b>OTHER RELATED INFORMATION</b>																			
Indicate if there are other people who could provide information regarding your complaint.																			
<b>Name</b>	<b>Address</b>	<b>Telephone Number</b>																	

**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.

- a. Place a student in reasonable fear of 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.
- e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

\*I certify that there is no falsification of the above information and the events are accurately depicted to the best of my knowledge.

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**COOSA COUNTY**  
**STUDENT HARASSMENT REFERRAL ACTION**

<b>GENERAL INFORMATION</b>							
Last Name:		First Name:			Grade:	Time of Incident:	
Date of Incident:				Date of Referral:			
Reported By:		Title of Reporter:			Location of Infraction:		
<b>HARASSMENT REFERRAL ACTION</b>							
<input type="checkbox"/> Harassment: _____				<input type="checkbox"/> Other Infraction: (Explain) _____			
Description of Infraction:							
<b>ACTION(S) TAKEN BY TEACHER</b>							
<b>**NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED</b>							
<input type="checkbox"/> Parent notification by phone: Date(s): _____				<input type="checkbox"/> Parent notification by letter: Date(s): _____			
<input type="checkbox"/> Previous Parental Notification(s) by Phone	Date/Time	Date/Time	Date/Time	<input type="checkbox"/> Parental Notification on this Incident	Date/Time	Phone #	Name of Parent Contacted
<input type="checkbox"/> Verbal Warning: Date(s)			<input type="checkbox"/> Conference with Student: Date(s):				
<input type="checkbox"/> Silent Lunch: Date(s)			<input type="checkbox"/> In School Suspension: Date(s):				
<input type="checkbox"/> Conference with Parents: Date(s)			<input type="checkbox"/> Out of School Suspension: Date(s)				
<input type="checkbox"/> Other Action(s)							
<b>ADMINISTRATIVE ACTION</b>							
<input type="checkbox"/> Consultation with Student in Office				Code of Conduct Information Given: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Warning Issued for Offense				Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written			
<input type="checkbox"/> Parent Notification Method		<input type="checkbox"/> Phone / Phone # _____ Date: _____ Time: _____ Contact: _____			<input type="checkbox"/> Copy of Referral	<input type="checkbox"/> Letter <input type="checkbox"/> Student Delivery <input type="checkbox"/> 1 <sup>st</sup> Class <input type="checkbox"/> Certified Mail	
<input type="checkbox"/> In-School Suspension (ISS)		No. of Days: _____		Inclusive Dates: _____			
<input type="checkbox"/> Out-of-School Suspension (OSS)		No. of Days: _____		Inclusive Dates: _____			
<input type="checkbox"/> Alternative School (AS)		No. of Days: _____		Inclusive Dates: _____			
<input type="checkbox"/> Guidance Counselor Referral (GCR)		Name of Counselor: _____			Note: CC: Referral to Counselor		
<input type="checkbox"/> Law Enforcement Referral (LER)		Officer #: _____			Note: C.O.C. for Requirements		
<input type="checkbox"/> Other Action (Explain):							
<input type="checkbox"/> Appearance before Board of Education: Date _____ Time: _____							
<input type="checkbox"/> Harassment Consequences, reprisals, retaliation, or false accusations actions explained:							
Student Signature: _____				Date: _____			
Administrator Signature: _____				Date: _____			
Parent Signature: _____				Date: _____			