

# HALEYVILLE CITY SCHOOLS

## Harassment Complaint Form

School Name: \_\_\_\_\_ Date complaint form received: \_\_\_\_\_ (office use only)

Name of person filing Complaint: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Contact Information:

Home phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**INFRACTION REPORTED BY:**  STUDENT  PARENT/GUARDIAN  OTHER

<i>Date of Incident</i>	<i>Time</i>
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*I wish to register a complaint against:*

Type of Harassment:  Sexual  Religious  Disability  Other

Check all spaces below that apply:

- |  |  |   |   |                                   |
|--|--|---|---|-----------------------------------|
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Damaging Property   | <input type="checkbox"/> Staring/Leering  | <input type="checkbox"/> Spitting               | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Inappropriate Touching  | <input type="checkbox"/> Taunting/Ridiculing | <input type="checkbox"/> Writing/Graffiti | <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     | <input type="checkbox"/> Other—describe below   |                                   |

**Briefly describe incident:**

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:

- a. Place a student in reasonable fear of harm to his or her person or damage to his or 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.

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

OR

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

# HALEYVILLE CITY SCHOOLS

Haleyville Elementary School   
  Haleyville Middle School   
  Haleyville High School

## GENERAL INFORMATION

Last Name:	First:	Grade:	Time of Incident:
Date of Incident:	Date of Referral:		
Reported by:	Title of Reporter:	Location of Infraction:	

## HARASSMENT REFERRAL ACTION

Harassment: \_\_\_\_\_     
  Other Infraction: (Explain) \_\_\_\_\_

Description of Infraction:

## ACTION(S) TAKEN BY TEACHER

**\*\* NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.**

<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 <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Date/Time</th> <th style="width: 15%;">Date/Time</th> <th style="width: 15%;">Date/Time</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Date/Time	Date/Time	Date/Time				<input type="checkbox"/> Parental Notification on this Incident <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Date/Time</th> <th style="width: 20%;">Phone #</th> <th style="width: 60%;">Name of Parent Contacted</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Date/Time	Phone #	Name of Parent Contacted			
Date/Time	Date/Time	Date/Time											
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-Class Displacement: Date(s): _____												
<input type="checkbox"/> Conference with Parents: Date(s) _____	<input type="checkbox"/> After-School Detention: Date(s): _____												
<input type="checkbox"/> Other Action(s): _____													

## ADMINISTRATIVE ACTION

<input type="checkbox"/> Consultation with Student in Office	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"/> Parent Notification Method	Method: <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Phone   Phone #: _____ Date: _____ Time: _____ Contact: _____
<input type="checkbox"/> In-School Suspension (ISS)	<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"/> Out-of-School Suspension (OSS)	Inclusive Dates: _____
<input type="checkbox"/> After-School Detention (ASD)	Inclusive Dates: _____
<input type="checkbox"/> Saturday School (SS)	Inclusive Dates: _____
<input type="checkbox"/> Guidance Counselor Referral (GCR)	NOTE: CC: Referral to SS Coordinator
<input type="checkbox"/> Campus Police Referral	NOTE: CC: Referral to Counselor
<input type="checkbox"/> Other Action (Explain): _____	NOTE: See C.O.C. for Requirements
<input type="checkbox"/> Harassment Consequences, reprisals, retaliation, or false accusations actions explained	

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_