



Las Cruces Public Schools

LCPS FORM JICFB-E1
Report of Bullying, Cyberbullying, Intimidation,
Hostile or Offensive Conduct

INSTRUCTIONS: Las Cruces Public School District maintains a firm policy prohibiting all forms bullying, cyberbullying, intimidation and hostile or offensive conduct. Complete as much information as possible on this report and submit to the appropriate school official as provided in Policy JICFB and JICFB-R. Reference: Policy JICFB and JICFB-R (Bullying).

Part I - TO BE COMPLETED BY PERSON MAKING REPORT

Complainant _____ Phone Number: _____
Complainant School/Location Name _____

Part II - INFORMATION ON VICTIM

Check type of referral: [] Bullying [] Cyberbullying [] Intimidation [] Hostile or Offensive Conduct
Child's School _____
Name of Child _____ Gender: [] F [] M Grade _____
Where and When (date and time) incident occurred _____
Date of Alleged Incident(s) _____
Name of Person you believe mistreated you or another _____ Grade _____ School Name _____

Part III - OTHER INDIVIDUALS INVOLVED

Witness _____ Witness _____
Witness _____ Witness _____
Witness _____ Witness _____
Other, please explain _____

Part IV - INCIDENT INFORMATION

Describe the incident(s) as clearly as possible, including such details as necessary to determine whether the conduct constituted bullying, cyberbullying, intimidation, or hostile or offensive conduct as defined in Policy JICFB and JICFB-R. (attach additional sheet if necessary)

This complaint is filed based on my honest belief that _____ has bullied, cyberbullied, intimidated, or engaged in hostile or offensive conduct toward me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

_____/_____/_____ Name of Complainant
Date

_____/_____/_____ Received by
Date