

AUSTIN INDEPENDENT SCHOOL DISTRICT
STUDENT COMPLAINT FORM
BULLYING, SEXUAL HARASSMENT, DATING VIOLENCE

Name: _____ Student ID: _____

Grade: _____ Date: _____ Time: _____ School: _____

Please answer the following questions about the most serious incident:

- List the name of the student(s) accused of bullying, sexual harassment, or dating violence: _____
- Relationship between you and the accused student: _____
- Describe the incident: _____

- Where and when did it happen? _____
- Were there any witnesses? yes no If yes, who? _____
- Is this the first incident? yes no If no, how many times has it happened before?

- Other information, including previous incidents or threats: _____

- Student or parent declines to complete this form: _____ Initial and date.

I certify that all statements made in the complaint are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation.

Signature of student: _____ Date: _____

Signature of school official receiving complaint: _____ Date: _____

Signature of school official conducting follow-up: _____ Date: _____

Notes of actions taken: _____

Additional information from student or staff

Date	Documentation/Follow-up	Signature of Student/Staff