



**Student Complaint Form for Reporting
BULLYING, SEXUAL HARRASSMENT, DATING VIOLENCE
and SEXUAL VIOLENCE**

Date _____ Time _____

Name _____ Student ID _____

Grade _____ School _____

Please answer the following questions about the most serious incident.

List the name(s) of the alleged perpetrator(s) of bullying, sexual harassment, dating violence or sexual violence:

Please print

Describe the incident _____

_____ (use additional paper if needed and attach to form.)

When did it happen? _____ (date/time)

Where did it happen? _____

Were there any witness? ☐ 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 _____ Date _____

I certify that all statements made in this 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 an investigation.

SIGNATURES:

Student _____ Date _____

School official receiving complaint _____ Date _____

School official conducting follow up _____ Date _____

These documents should remain confidential and a copy sent to office of Student Management.