

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