

LEONARD ISD
STUDENT COMPLAINT FORM
BULLYING, CYBERBULLYING, HARASSMENT, DATING VIOLENCE

Name: _____ Student ID: _____

Grade _____ Date: _____ Time: _____ School: _____

Please answer the following questions about the most serious incident:

List name of the student(s) accused of bullying, cyberbullying, 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 Action taken:

Additional Information from student or staff

Date	Documentation/Follow-up	Signature of Student/Staff