

AUSTIN INDEPENDENT SCHOOL DISTRICT

PARENT/STUDENT COMPLAINT FORM
BULLYING, SEXUAL HARASSMENT, DATING VIOLENCE

Student: _____ Student ID: _____

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

Complete only if you are a staff member-submitting complaint on behalf of student:

Name of staff assisting student: _____

Please answer the following questions about the most serious incident:

Name of student(s) accused of bullying, sexual harassment, or dating violence: _____

Relationship between you and the accused student: _____

What happened? _____

Who was involved? _____

Where and when did it happen? _____

Were there any witnesses? { } yes { } no If yes, who? _____

Other information including previous incidence or threats: _____

Student/Parent refuses complaint form: Signature _____ Date: _____

I certify that all statements made in the complaint are true and complete. Any intentional misstatement of facts 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 parent: _____ Date: _____

Signature of school official receiving complaint: _____ Date: _____

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

Notes of actions taken: _____

Additional Information by Student or Staff

Date	Documentation/Follow Up	Signature of Student/Staff