

Snook Independent School District
Complaint Form
Bullying

Name: _____

Grade: _____ Date: _____ Time: _____

School: _____

Please complete the following information about the incident that prompted this report:

1. List the name of the student(s) accused of bullying: _____
2. Identify the relationship between you and the accused student: _____
3. Describe the incident: _____

4. Where and when did it happen? _____
5. Were there any witnesses? Yes No *If yes, please provide names.*

6. Have there been any previous incidents involving the accused student? Yes No *If yes, please explain.*

7. Other pertinent information: _____

8. Student/parent declines to complete this form: _____
Initial *Date*

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

Signature of student/parent: _____ Date: _____

Signature of school official receiving complaint: _____ Date: _____

District Investigation Summary Completion Date: _____