

Tarkington Independent School District
Student Complaint Form
Bullying, Harassment, Discrimination, Retaliation

Name: _____

Address: _____

Grade: _____ Today's Date: _____ Time: _____

Location of Incident: _____

Date of Incident: _____ Time of Incident: _____

Please answer the following questions about the incident that prompted this report:

- List the name of the student(s) accused of bullying, harassment, discrimination or retaliation:

- Relationship between you and the accused student:

- Describe the incident:

- Were there any witnesses? Yes ___ No ___ *If yes, provide the names of the witnesses*

- Have there been any previous incidents involving the accused student? Yes ___ No ___ *If yes, explain:*

- Other information, including previous incidents or threats:

- Student or 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: _____