## Wylie ISD Student Complaint form for Bullying,

## Cyberbullying, Sexual Harassment or Dating Violence

| Name:   | Grade:   |
|---|--|
| Time:Date:  | Date(s) of incident:                                   |
| Please answer the following questions about the   | most serious incident:                                 |
| List the name of the student(s) accused of bullying, cyberbullying, sexual harassment, or dating violence:  Relationship between you and the accused student: |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Where and when did it happen?   |  |
|   |  |
| Were there any witnesses? [] yes [] no If yes, wl   | ho?  |
|   |  |
| Is this the first incident? [] yes [] no If no, how n   | nany times has this happened before? Other             |
| information, including previous incidents or t  | hreats:  |
|   |  |
| certify that all statements made in the complaint   | are true and complete. Any intentional misstatement of |
| fact will subject me to appropriate discipline.   |  |
| Signature of student:   | Date:  |