

Katy Independent School District

Report of Alleged Bullying or Harassment (Exhibit B)

Bullying and harassment of any kind are prohibited according Katy ISD policy and, in some cases, the acts may be a violation of law. The purpose of this form is to assist you in describing your allegations and to guide the person investigating your complaint. (If the complainant is unable to complete this report, the investigator or another designated person shall complete the report, read the report back to the complainant to ensure it accurately reflects the account of what was reported, and have the complainant sign the report.)

Name of person completing this form:		Date
Name of student who is being bullied/harassed	School	Grade

Name(s) of the individual(s) against whom you are filing this complaint:

For each person listed above, please describe in detail the following (Please use additional paper if necessary):

a. Describe what happened in as much detail as possible:

b. The approximate date and location of each specific act:

c. Your response or reaction to each act:

Name(s) of any individual(s) who might have information about your allegations or who might have witnessed the alleged act(s) of misconduct:

Are there any written documents, notes, text messages, posts or videos relevant to your complaint?
 No Yes (If yes, please bring the evidence so that photocopies can be made for the investigation file.)

My signature indicates that the above information is true and correct to the best of my knowledge.

Signature	Date
-----------	------

(If applicable, complete the section.) My signature indicates that the above information accurately reflects statements described to me.

Name of Person Completing Form on Complainant's Behalf	Signature of Person Completing Form	Date
--	-------------------------------------	------

For Administrative Use Only

Date Received	Investigator Assigned
Bullying/Harassment on the basis of (check all that apply) <input type="checkbox"/> Sex <input type="checkbox"/> Age <input type="checkbox"/> Race, Color or National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Gender <input type="checkbox"/> Other	