

Conroe Independent School District

**Bullying, Discrimination,
Harassment*, Retaliation**

Your Right to File a Complaint:

3. Describe the incident(s). If more than one incident, describe each separately including as much detail as possible including the date and location of each. Attach additional pages if necessary.

4. Were there any witnesses? Yes_____No_____ If yes, please provide the name of each witness.

5. Are there any written documents, notes, text messages, posts or videos related to your complaint? If yes, please explain and please provide copies.

6. Please provide any other information you believe would be helpful to the investigation.

7. Name and contact information of parent or guardian.

Name: _____

Email: _____ Phone: _____

My signature indicates that the information contained in this complaint is true and correct to the best of my knowledge.

Signature of student/parent: _____ Date: _____

Printed name of school official receiving complaint: _____ Date: _____