

This model student complaint form is not intended to be adopted as written. Each school entity should consider the form below as a reference to use in the development of the school entity's unique form.

## **STUDENT COMPLAINT FORM – DATING VIOLENCE**

Pursuant to the school entity's Dating Violence Policy, the Dating Violence Response Team (DVRT) shall be responsible for receiving complaints related to incidents of dating violence and responding in accordance with the Dating Violence Policy. Thus, if a student notifies a school employee who is not a member of the DVRT of the dating violence, that school employee should immediately notify a designated member of the DVRT. The designated DVRT member who is notified of the dating violence incident may offer the student assistance in completing the complaint for and, when completed, the DVRT member shall file the completed complaint forms in a secure location under the control of the chief school administrator or building principal or his/her designee.

The DVRT shall be a team of two or more school employees, including the principal, who shall be responsible for receiving and responding to dating violence complaints. Other appropriate personnel may include a member of the student assistance program team, school counselors, teachers, school nurses and the person designated as the compliance officer in the harassment and nondiscrimination policies.

**Right to file a Complaint:** The policy of this school entity is that all students shall be free from dating violence and incidents of dating violence are to be taken very seriously by students, faculty, staff, administration and parents. In that regard, the school entity will make every reasonable effort to handle and respond to every incident of dating violence in a fair, thorough, and just manner.

**Instructions:** Use this form to report dating violence so that the school officials may investigate and take appropriate steps to increase your safety.

Complete the form, providing as much detailed information as possible so that the complaint may be properly investigated.

It is important that you report the facts as accurately and completely as possible and that you cooperate fully with the persons designated to investigate the complaint.

**Where to file:** Complaint forms will be available from the designated DVRT member. Once completed, the DVRT will handle all complaints.

**Confidentiality:** To conduct this investigation in a confidential manner, the school will disclose the contents of your complaint only to those persons who have a need to know of your complaint. In signing the complaint form, you authorize the school to disclose as needed the information you provided, and may in the future provide, regarding your complaint.

**Retaliation prohibited:** retaliation against a person who files a formal complaint is strictly prohibited and is grounds for disciplinary action.

**DISTRICT NAME**  
**STUDENT COMPLAINT FORM - DATING VIOLENCE**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ School: \_\_\_\_\_

Please answer the following questions about the most serious incident:

List the name of the student(s) accused of dating violence:

\_\_\_\_\_

Relationship between you and the accused student: \_\_\_\_\_

Describe the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and when did it happen? \_\_\_\_\_

Were there any witnesses?  yes  no If yes, who?

\_\_\_\_\_  
\_\_\_\_\_

Is this the first incident?  yes  no If no, how many times has it happened before? \_\_\_\_\_

Other information, including previous incidents or threats:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student or parent declines to complete this form: Initial and date: \_\_\_\_\_  
(DVRT Member)

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

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school official receiving the complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of school official conducting follow-up: \_\_\_\_\_ Date: \_\_\_\_\_

Notes of actions taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information from student or staff:

Date	Documentation/Follow-up	Signarture of Student/Staff