STUDENT COMPLAINT FORM

(Harassment, Bullying, Abuse & Safety Concerns)

School Name: _____
Academic Session: _____
Complaint No.: _____
Date: ____ / ____ / _____

A. Student Details

- **Name of Student:** _____
- **Class & Section:** _____
- **Admission No.:** _____
- **Age:** _____
- **Contact Number:** _____

B. Details of the Incident

1. **Date of Incident:** ____ / ____ / _____
2. **Time of Incident:** _____
3. **Location of Incident:** _____
4. **Type of Complaint:** (✓ all that apply)
    - ☐ Bullying
    - ☐ Harassment
    - ☐ Physical Abuse
    - ☐ Verbal Abuse
    - ☐ Emotional/Psychological Abuse
    - ☐ Cyberbullying
    - ☐ Discrimination
    - ☐ Sexual Harassment
    - ☐ Other: _____

C. Person(s) Involved

- **Name(s) of the person(s) involved (if known):**

- **Class/Section (if applicable):**

D. Description of the Incident

Please describe what happened in your own words. Include details such as who was involved, what happened, where it occurred, and if anyone witnessed the incident.

E. Witnesses (if any)

Name	Class/Designation	Contact (if applicable)
_____	_____	_____
_____	_____	_____

F. Previous Occurrence

Has this happened before?

- ☐ Yes
- ☐ No

If yes, please provide details:

G. Supporting Evidence (if available)

Please attach or mention any evidence:

- ☐ Photographs
- ☐ Screenshots
- ☐ Messages/Emails
- ☐ Medical Report
- ☐ Other: _____

H. Immediate Support Required

Do you need any immediate support?

- ☐ Yes
- ☐ No

If yes, please specify:

I. Declaration

I declare that the information provided in this complaint form is true and accurate to the best of my knowledge.

Student's Signature: _____

Parent/Guardian Signature (if applicable): _____

Date: ____ / ____ / _____

For School Use Only

Complaint Received By: _____

Designation: _____

Date & Time Received: _____

Initial Action Taken:

Referred To:

- ☐ Principal
- ☐ School Counsellor
- ☐ Child Protection Committee
- ☐ Anti-Bullying Committee
- ☐ Disciplinary Committee
- ☐ Other: _____

Investigation Status:

- ☐ Pending
- ☐ In Progress
- ☐ Resolved
- ☐ Closed

Outcome/Action Taken:

Signature of Investigating Officer: _____

Principal's Signature: _____

Date of Closure: ____ / ____ / _____