

**HARTFORD UNION HIGH SCHOOL  
EMPLOYEE BULLYING/HARASSMENT/DISCRIMINATION REPORTING FORM**

Name of Employee (Complainant)	Position	Date
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Address

City	State	Zip
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Telephone (Home)	Telephone (School or Work)
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Name of individual filing complaint (if different than above): \_\_\_\_\_

The complaint alleges (check all that apply):    ☐ Bullying    ☐ Harassment    ☐ Discrimination

On the basis of protected class (check all that apply, if any):    ☐ race    ☐ religion    ☐ creed    ☐ color  
☐ national origin (including limited English-proficiency)    ☐ ancestry    ☐ marital/parental status  
☐ sex (including transgender status, change of sex or gender identity)    ☐ sexual orientation  
☐ physical, mental, emotional, or learning disability  
☐ pregnancy  
☐ Other: \_\_\_\_\_

Statement of Complaint. Please describe as best you can exactly what happened to you, which leads you to believe that you have been bullied, harassed, and/or discriminated against. Include dates; times; locations; the names of everyone who was involved in the bullying, harassment, and/or discrimination, including all person(s) who saw or heard what happened; and, all other relevant facts. If there was more than one incident of bullying, harassment, and/or discrimination, please describe each incident separately. You may use the back of this form or another sheet of paper (if necessary).

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I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Signature of Person Filing Complaint	Date
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Date Received by District: \_\_\_\_\_

**Upon receipt by District personnel or if being submitted by District personnel, this form must be provided to the Title IX Coordinators immediately.**