

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

Name of Employee (Complainant) _____ Position _____ Date _____

Address _____

City _____ State _____ Zip _____

Telephone (Home) _____ Telephone (School or Work) _____

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).

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 _____

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.