

**HARTFORD UNION HIGH SCHOOL**  
**PARENT OR VISITOR BULLYING/HARASSMENT/DISCRIMINATION REPORTING FORM**

\_\_\_\_\_  
Name of Employee (Complainant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone (Home)

\_\_\_\_\_  
Telephone (School or Work)

\_\_\_\_\_  
Name of individual filing complaint (if different than above):

Position of person filing complaint: ☐ Parent ☐ Visitor ☐ Student ☐ Other: \_\_\_\_\_

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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\_\_\_\_\_  
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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

\_\_\_\_\_  
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**