

HARTFORD UNION HIGH SCHOOL
STUDENT BULLYING/HARASSMENT/DISCRIMINATION REPORTING FORM

Name of Student (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: ☐ Student ☐ Employee ☐ Parent ☐ 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, or the student on behalf of which this complaint form is submitted, which leads you to believe that you or the student has 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.