

COMPLAINT OF BULLYING

Students or employees of the District who believe they are a victim of bullying occurring in the District's education program or activity may use this form to lodge a complaint of bullying.

An individual other than a student or employee may use this form to complain of bullying that occurred while participating in or attempting to participate in the District's education program or activity.

To initiate this complaint, return this form to the District's Title IX Coordinator.

Name _____

Home Address _____

Name of School of attendance or employment _____

Home Phone _____ Work Phone _____ Cell Phone _____

Grade (student) _____

Current position/job (employee) _____

Email address _____

Preferred method of contact _____

Date of Alleged Incident(s) _____

Full name of person(s) you believe engaged in prohibited bullying/harassment:

List any witnesses that were present/have knowledge:

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including information such as: where, when and what happened; if applicable, specific verbal or written statements made (e.g., threats, requests, demands etc.); what, if any, physical contact was involved and what force, if any, was used; your response to the situation, etc. (Attach additional pages if necessary.) _____

I hereby certify that the information provided in this complaint is true, correct, and complete to the best of my knowledge and belief. By signing below, I request an investigation.

Signature

Date

Received by

Date

*Dr. Michelle Kelly-Baker,
District School Climate & Title IX
Coordinator*



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