

## COMPLAINT OF BULLYING

***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.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

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



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