

Discrimination, harassment, intimidation, and bullying are not acceptable ways to treat others. California law prohibits discrimination, harassment, intimidation, and bullying based on a student's actual or perceived disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or association with a person or group with one or more of these actual or perceived characteristics.



BULLYING COMPLAINT FORM

It is the intent of the Hayward Unified School District to provide a process for students, parents, and members of the community to address complaints of bullying to appropriate district personnel and to receive a prompt response to this complaint without fear of retaliation.

It is also the intent of the Hayward Unified School District to protect students or personnel from unfair and unfounded accusations, to conduct a prompt and reasonable investigation, and to resolve any complaints in accordance with school and district policies and procedures. To the extent possible, individuals investigating this incident will protect the confidentiality of the parties reporting the incident.

Submission of this report form is encouraged; however oral reports shall be considered official reports.

Reports may be made anonymously, but formal disciplinary action may not be based solely on an anonymous report. Any student who feels she/he is a victim of bullying should immediately contact a teacher, counselor, principal, administrator or staff person. Staff shall assist students and/or parents in completing the bullying complaint form, as requested.

Name of Student:	_____	Date of Report:	_____
Parent/Guardian/Community Member: (on behalf of student)	_____	Person(s) involved with the complaint:	_____
Date of the Incident(s):	_____	Location of the Incident(s):	_____
Did you report this incident of Bullying?	No: _____ Yes: _____	If yes, to whom?	_____
		When did you report it?	_____

Please Describe the incident in as much detail as possible. Attach additional sheets if necessary.

What was the basis of the discrimination, harassment, intimidation, or bullying?

_____ Actual or perceived disability	_____ Gender	_____ Gender identity	_____ Gender expression
_____ Nationality	_____ Race	_____ Ethnicity	_____ Religion
_____ Sexual orientation	_____ Association with a person or group with one or more of these actual or perceived characteristics		
_____ Other, please explain _____			

Signature of person(s) filing complaint _____ **Date:** _____

Note: This complaint may be submitted anonymously.

Contact Number: _____ **Address:** _____

CHECK ONE: () RESPONSE REQUESTED () NO RESPONSE REQUESTED, INFORMATION ONLY

This completed form may be turned in to any school office within the Hayward Unified School District or the district office at:
24411 Amador Street, Hayward, CA 94544

A written response, which will include the site's resolution of the incident, will be sent within ten (10) days of the receipt of the complaint form, if requested.

If a student or parent/guardian is unsatisfied with the school's decision or response to a bullying report, they may initiate a complaint to the school district in accordance with the district's Uniform Complaint Procedure.

It is not necessary to exhaust any administrative complaint process before pursuing civil law remedies.