

**GARVEY SCHOOL DISTRICT
DISCRIMINATION, HARASSMENT, OR BULLYING COMPLAINT FORM**

The Garvey School District prohibits discrimination, harassment, and bullying in all forms, including on the basis of a student's actual or perceived race, color, national origin, ethnicity, ancestry, religion, sex, gender, (including nonconformity with gender stereotypes), sexual orientation, and disability, or on the basis of a person's association with a person or group with one or more of these actual or perceived characteristics. If you or someone you know has experienced discrimination, harassment, or bullying at school, you may make a complaint to have the incident(s) investigated by the District. Any student, parent/guardian, or school employee may complete this form and return it to any school employee. Alternatively, you may make a verbal or other written complaint to any school employee. Any school employee who receives a completed complaint form or any other written or verbal complaint will immediately report the complaint to the school principal or Title IX Coordinator. The Principal, Title IX Coordinator or designee will investigate and resolve the complaint pursuant to the District's policies and regulations, and consistent with all applicable federal and state laws.

If you are concerned about confidentiality of any information in this complaint, please notify the Principal, Title IX Coordinator or designee. Retaliation against any individual who makes a complaint or who participates or assists in an investigation of discrimination, harassment, or bullying is strictly prohibited.

Please provide as much information as possible. Please add additional sheets if necessary.

Your Name: _____ Today's Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I am a (check one):

Student – What School and Grade Level? _____

Employee – What School and Position? _____

Parent/Guardian – Name of your child: _____

Other – List: _____

Who was the target of the discrimination, harassment or bullying? Please provide all names, schools and grades (if known)

Please provide the name of all individuals (students and schools, school employees, school visitors, or others) who participated in the discrimination, harassment or bullying. If you do not know their names, please describe them:

Please describe Complaint/Incident (add additional sheets if necessary):

Please return this form to your school's main office, district office or any school employee. If you have any questions before submitting your complaint, please contact your school principal or call the Title IX Coordinator at (626) 307-3486.

Office Use Only

Date Received: _____ Received by: _____