

TEHACHAPI UNIFIED SCHOOL DISTRICT
DISCRIMINATION, HARASSMENT, OR BULLYING COMPLAINT FORM

Office Use Only

The Tehachapi Unified 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, 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 District’s 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 continue on the back of this page or on additional sheets if necessary.

Today’s Date: _____ Your Name: _____

Phone Number(s): _____ Email address: _____

I am a (check one):

Student (Grade Level/School: _____) Employee (Position/School: _____)

Parent/Guardian Other:
(Name of your child: _____) (List: _____)

Who was the target of the discrimination, harassment, or bullying described in this complaint?

myself one or more students (not including myself) two or more students (including myself)

Please provide the names of all individuals who were the target of the discrimination, harassment, or bullying:

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

Description of Complaint/Incident (continue on the back of this sheet or on additional sheets if necessary):

Please return this form to the main office or to any school employee. You may submit this form online at safeandinclusiveschools@teh.k12.ca.us. If you have any questions before submitting your complaint, please contact Traci Minjares at 661-822-2100 ext. 187.