

For Office Use Only  Date: _____
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**DISCRIMINATION, HARASSMENT, SEXUAL HARASSMENT AND/OR BULLYING REPORT**

Berkeley Unified School District (BUSD) is committed to maintaining a safe school environment that is free from discrimination, harassment, sexual harassment, retaliation or acts of bullying, or other behavior which infringes on the safety or well-being of students on the basis of their actual or perceived sex, gender, transgender or gender-identity non-conforming, socio-economic status, race, color, religion, ancestry, national origin, ethnic group identification, physical or mental disability, age, sexual orientation, marital or parental status.

If you or someone you know has experienced discrimination, harassment, sexual harassment or bullying at a BUSD school, you may make a report to have the incident(s) investigated.

Any student, parent/guardian, or school employee may complete this form and return it to the school office, or to any school employee. You may instead make your complaint verbally or in writing to any school employee.

Your complaint will be reported to the school principal, who will also report to the District Title IX/Complaints Coordinator the same day. The school principal, Title IX Coordinator or a designee will investigate and resolve the complaint pursuant to BUSD policies and regulations, and consistent with all applicable federal and state laws.

**If you are concerned about the confidentiality of any information in this complaint, please notify the principal directly. Retaliation against any individual who makes a complaint or against anyone who participates or assists in an investigation is strictly prohibited.**

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

1. You are a: (check one)

Student                  Parent/Guardian                  Employee                  Other: \_\_\_\_\_

2. This is a report of: (Check all applicable):

Discrimination          Harassment                  Sexual Harassment          Bullying                  Retaliation

3. Who was the target of the discrimination, harassment, bullying or retaliation described in your report?

Student(s)                  Student name(s): \_\_\_\_\_

Staff member(s)          Staff name(s): \_\_\_\_\_

BUSD school or worksite(s) of person(s) above: \_\_\_\_\_

4. Please provide a description of the incident you are reporting with as much information as possible.  
*You may continue on the back of this page or on additional sheets if necessary.*

5. Please provide the names of anyone who participated in or may have witnessed the incident.  
If you do not know their names, please describe them:

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*Please return this form to the school's main office or to any school employee. You may also email this form to [complaints@berkeley.net](mailto:complaints@berkeley.net). If you have any questions, please call the Title IX Coordinator at (510) 486-9338*