

COMPLAINT FORM

(please type or print clearly)

Date submitted:

SECTION I

NAME OF COMPLAINANT (PRINT)

SIGNATURE OF COMPLAINANT

STREET ADDRESS

CITY/TOWN, STATE, ZIP CODE

EMAIL ADDRESS

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HOME

()

CELL

()

WORK

COMPLAINANT'S ROLE(S) IN THE SCHOOL (check all that apply)

- Student — Grade: _____ Age: _____
- District employee — Position: _____
- Parent or guardian
- Community member or other _____

SECTION II

SCHOOL BUILDING NAME/LOCATION

SCHOOL PRINCIPAL'S NAME/DEPARTMENT HEAD

SECTION III

THE DISCRIMINATION IS BASED ON YOUR: (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sex (includes sexual harassment and sexual violence) |
| <input type="checkbox"/> Color | <input type="checkbox"/> Military Status | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Domestic Violence Victim Status | <input type="checkbox"/> Political Affiliation | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Race | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion | _____ |
| <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Religious Practice | |

SECTION IV

Date of first alleged incident of discrimination:

NAME OF THE PERSON(S) COMMITTING ACTION(S) AGAINST COMPLAINANT, IF KNOWN:

NAME	THEIR JOB OR ROLE (IF KNOWN)
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NAME	THEIR JOB OR ROLE (IF KNOWN)
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NAME	THEIR JOB OR ROLE (IF KNOWN)
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DESCRIPTION OF INCIDENT(S) *(Use additional paper if necessary)*:

WITNESSES, IF ANY, OR OTHERS WHO SHOULD BE CONTACTED WITH KNOWLEDGE VITAL TO THIS INVESTIGATION *(Use additional paper if necessary)*

NAME	CONTACT INFORMATION:
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NAME	CONTACT INFORMATION:
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OTHERS YOU MAY HAVE DISCUSSED THIS INCIDENT WITH, INCLUDING CONTACT INFORMATION FOR EACH:

NAME	CONTACT INFORMATION
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NAME	CONTACT INFORMATION
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SECTION V

Have there been multiple instances of alleged discrimination?

No — Proceed to Section VI Yes — provide the dates, description of the incidents, and those involved:

NAME	THEIR JOB OR ROLE (IF KNOWN)
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DESCRIPTION OF INCIDENT(S) WITH DATES:

Has this matter of discrimination been previously reported? No Yes — complete the following:

DATE REPORTED	REPORTED TO (NAME, TITLE/JOB)
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DESCRIPTION OF OUTCOME OR RESOLUTION:

SECTION VI

Remedy, outcome or resolution sought by complainant:

Once completed, employees, prospective employees and students should forward this form to the District Civil Rights Compliance Office, 222 Woodbine Avenue, East Rochester, NY 14445 or email compliance.officer@erschools.org.