

South Country Central School District

Consolidated Complaint Form

This form is to be filed as part of the formal procedure in order to initiate a complaint of alleged discrimination or harassment prohibited by the District's policies.

Complainant

Name:

Address:

City:

State:

Zip:

Home phone Number:

Status

Instructional Staff

Non-Instructional Staff

Student

Other

Check One

Discrimination/Harassment Complaint Category (Check as many as apply)

ADA (Disability)

Race/Color

Age

Section 504 (Disability)

Creed/Religion

Sex Harassment

Gender

Sex Orientation

Marital Status

Title IX

National Origin/Ethnicity

Veteran Status

Political Affiliation

Other

Genetic Predisposition

Have you also filed this charge with a Federal, State, or local Government?

Yes

No

Name(s) and office address of the individual(s) who allegedly discriminated against or harassed you. If more than one, list all

Name:

Address:

Name:

Address:

Name:

Address:

Name:

Address:

Describe the incidents which occurred and your reasons for concluding that it was/is harassment or discriminatory (use additional sheet if necessary)

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Describe briefly what you would consider to be appropriate resolution of the conduct described above. (The District at all times retains sole discretion and authority to determine the appropriate disciplinary and or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

Identify all persons who witnessed the incident described above:

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge.

Complainant Signature:

Date:

Complaint Received By Signature:

Date:

Complaint Received By: Print Name: