

SWEET HOME CENTRAL SCHOOL DISTRICT

COMPLAINT FORM

(please type or print clearly)

Date submitted: _____

Section 1 – Complainant Information

Name: _____

Signature: _____

Address: _____

City, State, Zip: _____

Email address: _____

Phone: Cell: _____ Home: _____ Work: _____

Complainants Role in the School (*check all that apply*):

- Student: Grade _____ Age _____
- District Employee: Position _____
- Parent/Guardian _____
- Community Member/Other _____

Section 2

School Building Name/Location: _____

School Principal/Department Head Name: _____

Section 3

This discrimination is based upon 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 (please specify below) |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion | _____ |

Genetic Information

Religious Practice

Section 4

Date of first alleged incident of discrimination: _____

Name of Person(s) committing action(s) against complainant, if known:

Name _____ Job Title _____

Name _____ Job Title _____

Description of Incidents (*use additional paper if necessary*):

Witnesses, if any, or others who should be contact with knowledge vital to this investigation:

Name _____ Contact Info _____

Name _____ Contact Info _____

Others you may have discussed this incident with:

Name _____ Contact Info _____

Name _____ Contact Info _____

Section 5

Have there been multiple incidents of alleged discrimination?

No - proceed to Section 6 Yes – please provide dates, description of incidents and those involved:

Name _____ Job/Role _____

Description of Incidents with dates:

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

Date Reported: _____ Reported to/Title: _____

Description of Outcome: _____

Section 6

Remedy, outcome, or resolution sought by complainant:

Completed forms should be sent to: District Civil Rights Office, Sweet Home Central School District,
1901 Sweet Home Rd., Amherst, NY 14228 or emailed to: complianceofficer@sweethomeschools.org.