

SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT
COMPLAINT OF ALLEGED DISCRIMINATION AND/OR HARASSMENT

This form is to be submitted to one of District's Compliance Officers as a part of the formal procedure in order to initiate a complaint of alleged discrimination or harassment prohibited by the District's Non-Discrimination and Anti-Harassment of Employees in the School District policy (Policy No. 9050).

If you are more comfortable reporting your complaint verbally or in another manner, a Compliance Officer may complete this form for you and provide you with a copy.

You will not be retaliated against for filing a complaint.

COMPLAINANT INFORMATION

Name: _____

Address: _____ Phone: _____

Email: _____

Job Title (if applicable): _____

Select Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION (if applicable)

Immediate Supervisor's Name: _____

Title: _____

COMPLAINT INFORMATION

1. Your complaint of discrimination or harassment is made about:

Name: _____

Title: _____

Work Address: _____

Work Phone: _____

Relationship to you: Supervisor Subordinate Co-Worker Other

2. Basis of discrimination and/or harassment (check as many as are applicable):

Race _____ Sex/Gender _____ National Origin _____ Religion _____ Age _____

Disability _____ Sexual Orientation _____ Marital Status _____ Retaliation _____ Other _____

3. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

4. Date(s) harassment or discrimination occurred: _____

Is the discrimination or harassment continuing? Yes No

5. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

6. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____

Date: _____