

Sodus Central Schools

Complaint Form

(please type or print clearly)

Date submitted:

SECTION I

Name of Complainant (print)

Signature of Complainant

Complainant's Home Address

Complainant's Phone Number(s)

Street Address

Home: ()

City/Town, State

Cell: ()

Zip Code

Work: ()

Complainant's Role(s) in the School (check all that apply)

Student

Grade: _____

Age: _____

District employee

Parent or guardian

Community member or other

SECTION II

School Building Name/ Location

School Principal's Name/ Department Head

SECTION III

The Discrimination or Harassment is Based on Your: (check all that apply)

Race

Color

Creed

Religion

Religious Practice

National Origin

Ethnic Group

Sex (includes sexual harassment and sexual violence)

Gender Identity

Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)

Political Affiliation

Age

Marital Status

Military Status

Veteran Status

Disability

Weight

Domestic Violence Victim Status

Arrest or Conviction Record

Genetic Information

Other (specify) _____

SECTION IV

Date of first alleged incident of discrimination or harassment:

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

Name(s):

Their job or role (if known):

Description of complaint or incident(s):

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):
-Use additional paper if necessary-

Name(s):

Contact Information:

Others you may have discussed this complaint or incident with, including contact information for each:

Name(s):

Contact Information:

SECTION V

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved, if any:
 Section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates:

Has this matter of discrimination or harassment been previously reported?

No

Yes Date:

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

SECTION VI

Remedy, outcome or resolution sought by complainant:

Once completed, please forward this form to the District Compliance Officer at PO BOX 220 Sodus, NY 14551 or JKeeney@soduscisd.org, or to your Principal.