

## MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT COMPLAINT FORM

*In order to assist the Mount Pleasant Cottage School Union Free School District in providing for the prompt, thorough, and equitable resolution of discrimination and/or harassment allegations, please fill out the following form to the best of your abilities and submit it to the Civil Rights Compliance Officer, the Superintendent or the Building Principal. Questions regarding completion or submission of this form can be directed to the District's Civil Rights Compliance Officer(s) or a trusted staff member with whom you feel comfortable.*

Name of Complainant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(Please circle the number you would prefer us to call)

Email: \_\_\_\_\_

Name of victim (if different from complainant): \_\_\_\_\_

The victim is (check all that apply):

- An employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_ (location)
- A student, grade \_\_\_\_\_ at \_\_\_\_\_ (school or location)
- A parent or community member
- Other (Please specify relationship with or association to the District) \_\_\_\_\_

Basis of this complaint/grievance:

- |   |   |
|---|---|
| <input type="checkbox"/> Race, color, creed, national origin            | <input type="checkbox"/> Marital status                       |
| <input type="checkbox"/> Sex, gender, sexual orientation                | <input type="checkbox"/> Genetic status                       |
| <input type="checkbox"/> Disability                                     | <input type="checkbox"/> Religion                             |
| <input type="checkbox"/> Military/veteran status                        | <input type="checkbox"/> Criminal arrest or conviction record |
| <input type="checkbox"/> Domestic violence victim status                | <input type="checkbox"/> Age                                  |
| <input type="checkbox"/> Sexual harassment                              | <input type="checkbox"/> Retaliation                          |
| <input type="checkbox"/> Other/Not sure (Please briefly explain): _____ |   |

Name and/or description of accused persons(s) or offending occurrence: \_\_\_\_\_

Description of alleged incident or occurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date, time and place of violation(s): \_\_\_\_\_  
\_\_\_\_\_

Witnesses, if any or others who should be contacted with knowledge important to this investigation, including contact information for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has this incident or occurrence been previously reported?  Yes  No If yes, when and to whom?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature of Complainant: \_\_\_\_\_

***This form is for all complaints within the Mount Pleasant Cottage School Union Free School District,  
Including incidents of alleged discrimination or harassment.***