

**COMMACK UNION FREE SCHOOL DISTRICT  
COMPLAINT FORM**

*In order to assist the 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 (CRCO).*

*Questions regarding the completion or submission of this form can be directed to the District's CRCO or a trusted staff member with whom you feel comfortable.*

Name of complainant: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Name of Victim (if different than 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 your relationship with or association to the District) \_\_\_\_\_

Basis of this complaint/grievance:

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

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

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

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

(Continued)

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COMPLAINT FORM (Cont'd.)**

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

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

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Has this incident or occurrence been previously reported? [ ] Y [ ] N If yes, when and to whom?

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

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Signature of Complainant

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Date