2020 3420F

1 of 2

**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)

2020 3420F

2 of 2

**COMMACK UNION FREE SCHOOL DISTRICT**

**COMPLAINT FORM (Cont'd.)**

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? [ ] Y [ ] N If yes, when and to whom?

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

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

Signature of Complainant

Date