



Received: Human Resources Timestamp

Authorized Signature:

Human Resources

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[www.stamfordpublicschools.org](http://www.stamfordpublicschools.org)

Dr. Tamu Lucero  
Superintendent of Schools

Mr. Christopher P. Soules, Esq.  
Executive Director, Human Resources

## Stamford Public Schools Concerns/Complaint Form

### Instructions:

Before completing this form please read all instructions. Please print all responses.

### INDIVIDUAL FILING COMPLAINT:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number, home: \_\_\_\_\_ Phone number, work: \_\_\_\_\_

Relationship to Stamford Public Schools (parent, teacher, student, etc.) \_\_\_\_\_

\_\_\_\_\_

If employee, please complete the following information

Current job title: \_\_\_\_\_

Department: \_\_\_\_\_

Work location: \_\_\_\_\_

How long have you worked for Stamford Public Schools? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

Have you attempted to resolve this matter by discussing it with someone else (administration, management, union, EAP)?

If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

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**COMPLAINT FILED AGAINST (if a personal complaint/concern—if not, leave blank):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_ Work location: \_\_\_\_\_

**GENERAL NATURE OF COMPLAINT:** (please check all applicable boxes and provide dates on lines provided)

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Date or timeframe the problem occurred:

on or about \_\_\_\_\_

If you feel that you have been subject to discrimination, please complete the following:

I believe I have been discriminated against based on one or more of the following:

☐ Race

☐ Age (over 40)

☐ Sex

☐ Color

☐ National Origin

☐ Religion/Creed

☐ Sexual Orientation

☐ Physical Disability

☐ Mental Disability/Disorder

☐ Learning Disability

☐ Marital Status

☐ Prior Criminal Record

☐ Other: \_\_\_\_\_

Have you filed an official complaint with any other agency or commenced a private legal investigation?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, with whom was the action commenced? \_\_\_\_\_

At what stage is this action? \_\_\_\_\_

Do you know of additional school community members, employees or applicants of this group (basis of discrimination above) who were treated the same way you allege you or the subject of this complaint were? If yes, provide names, titles, race, sex, etc., and explain.

\_\_\_\_\_ Yes \_\_\_\_\_ No

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1. Describe in detail the alleged act(s) indicating dates, places, names and titles of persons involved. Provide sufficient details to assist in investigations. Add additional pages if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

2. What explanation, if any, was offered for the actions by the respondent?

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3. Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge.

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**OUTCOME OF THE INVESTIGATION**

I would like to see the following resolution as the outcome of the investigation:

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**CONFIDENTIALITY STATEMENT**

The staff of the Stamford Public Schools Human Resources Department strives to maintain the confidentiality of the information obtained during the course of an investigation and in most cases, it will only be divulged on a need-to-know basis. However, some of the records obtained or created during the investigation may be subject to disclosure under the State statute.

I affirm that I have read the preceding information and charge(s) and attest that it is true to the best of my knowledge, information and belief.

I have read and understand the confidentiality statement. I hereby give the Human Resources Department permission to thoroughly investigate my complaint. I understand the information gathered will be kept confidential to the extent possible.

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Date Submitted

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Signature

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Print Name

**How/When is the best time to contact you?**

Phone No. or other means? \_\_\_\_\_

Time/day \_\_\_\_\_