

AMAGANSETT UNION FREE SCHOOL DISTRICT DISCRIMINATION, HARASSMENT, AND/OR RETALIATION REPORT FORM

Information about the Complainant*(The person who is making the report of discrimination, harassment, and/or retaliation)*

First and last name: _____

Complainant's relationship to the District:

(Check all that apply)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Employee | <input type="checkbox"/> Job applicant |
| <input type="checkbox"/> Parent/legal guardian | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Contractor/subcontractor/vendor/consultant |
| <input type="checkbox"/> Student teacher | <input type="checkbox"/> Intern | <input type="checkbox"/> Other _____ |

Primary building or location: _____

Further details including, if applicable, grade or title: _____

Complainant's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Select preferred communication method:

- ☐
- Home phone
- ☐
- Cell phone
- ☐
- Work phone
- ☐
- Email
- ☐
- In-person

Information about the alleged victim*(The person alleged to have experienced the discrimination, harassment, and/or retaliation.)*Is the complainant the alleged victim? ☐ Yes ☐ No*If the complainant is not the alleged victim, complete the following as thoroughly as possible.*

First and last name: _____

Alleged victim's relationship to the District:

(Check all that apply)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Employee | <input type="checkbox"/> Job applicant |
| <input type="checkbox"/> Parent/legal guardian | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Contractor/subcontractor/vendor/consultant |
| <input type="checkbox"/> Student teacher | <input type="checkbox"/> Intern | <input type="checkbox"/> Other _____ |

Primary building or location: _____

Further details including, if applicable, grade or title: _____

(Continued)

**AMAGANSETT UNION FREE SCHOOL DISTRICT
DISCRIMINATION, HARASSMENT, AND/OR RETALIATION REPORT FORM (Cont'd.)**

Alleged victim's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Information about the Respondent

(The person alleged to have perpetrated the discrimination, harassment, and/or retaliation.)

First and last name: _____

Respondent's relationship to the alleged victim:

☐ Classmate ☐ Teacher ☐ Student ☐ Supervisor
☐ Subordinate ☐ Co-worker ☐ Other _____

Respondent's relationship to the District:

☐ Student ☐ Employee ☐ Job applicant
☐ Parent/legal guardian ☐ Volunteer ☐ Contractor/subcontractor/vendor/consultant
☐ Student teacher ☐ Intern ☐ Other _____

Primary building or location: _____

Further details including, if applicable, grade or title: _____

Respondent's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Information about the Alleged Incident(s)

(Check all that apply)

- ☐ Discrimination -- Generally stated, discrimination consists of the differential treatment of an individual or group of people on the basis of their membership in a legally protected class.
- ☐ Harassment -- Generally stated, harassment consists of subjecting an individual, on the basis of his or her membership in a legally protected class, to unwelcome conduct and/or communications.
- ☐ Retaliation -- Generally stated, retaliation consists of subjecting an individual to adverse action because the individual participated in a legally protected activity.

(Continued)

**AMAGANSETT UNION FREE SCHOOL DISTRICT
DISCRIMINATION, HARASSMENT, AND/OR RETALIATION REPORT FORM (Cont'd.)**

Indicate the basis of discrimination and/or harassment:
(Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Creed | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender identity or expression |
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital status | <input type="checkbox"/> Predisposing genetic characteristics |
| <input type="checkbox"/> Color | <input type="checkbox"/> Familial status | <input type="checkbox"/> Criminal arrest or conviction record |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Military status | <input type="checkbox"/> Status as a victim of domestic violence |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation | |

☐ Other [specify what you believe to be the basis of the discrimination and/or harassment] _____

Describe the alleged incident(s) of discrimination, harassment, and/or retaliation and how it has affected you. **Include any known date(s), time(s), and place(s) of the alleged incident(s).**

Is the discrimination, harassment, and/or retaliation continuing? ☐ Yes ☐ No

Information about Witnesses

List the names and known contact information for any witnesses, individuals who may have information related to this report, or individuals you have discussed the alleged incident(s) with:

(Continued)

**AMAGANSETT UNION FREE SCHOOL DISTRICT
DISCRIMINATION, HARASSMENT, AND/OR RETALIATION REPORT FORM (Cont'd.)**
Information about Previous Reports

Have you previously reported or provided information (oral or written) about this or related incidents? If yes, when and to whom did you report information to? What was the remedy, outcome, or resolution?

Information about Legal Counsel

If you have obtained legal counsel and would like us to work with them, provide their name and contact information:

Additional Information

Did you use additional sheets of paper and/or attach any relevant materials or evidence in completing this form? ☐ Yes ☐ No

If yes:

Indicate how many additional sheets of paper have been attached: _____

Identify all relevant materials and evidence that have been attached: _____

I certify that the facts in this report are true to the best of my knowledge, information, and belief.

First and last name: _____

Signature: _____

Date: _____

For District Use Only

Complaint initially received on: _____

(Continued)

**AMAGANSETT UNION FREE SCHOOL DISTRICT
DISCRIMINATION, HARASSMENT, AND/OR RETALIATION REPORT FORM (Cont'd.)**

Form initially completed by:

☐ The complainant

☐ _____ based on an oral report
(name and title)

☐ _____ based on a written report
(name and title)

☐ Other _____

Indicate to whom and the date that this complaint was forwarded, if at all: _____
