

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT  
DISCRIMINATION AND/OR HARASSMENT COMPLAINT FORM**

*In order to assist the Williamsville Central 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,*

*Questions regarding the 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: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(please circle the number you'd 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
- \_\_\_\_\_ Sex, gender, sexual orientation
- \_\_\_\_\_ Disability
- \_\_\_\_\_ Military/veteran status
- \_\_\_\_\_ Domestic violence victim status
- \_\_\_\_\_ Other/Not sure (Please briefly explain): \_\_\_\_\_
- \_\_\_\_\_ Sexual harassment
- \_\_\_\_\_ Marital status
- \_\_\_\_\_ Genetic status
- \_\_\_\_\_ Religion
- \_\_\_\_\_ Criminal arrest or conviction record
- \_\_\_\_\_ Age
- \_\_\_\_\_ Retaliation

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)

**WILLIAMSVILLE CENTRAL SCHOOL DISTRICT  
DISCRIMINATION AND/OR HARASSMENT 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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Date

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Signature of Complainant

*(This form is to be used for all complaints within the Williamsville Central School District, including incidents of alleged discrimination or harassment)*