

**SOUTHWESTERN CENTRAL SCHOOL DISTRICT  
SAMPLE COMPLAINT FORM**

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

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

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

The complainant 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/ethnicity \_\_\_\_\_ Alienage/Citizenship Status
- \_\_\_\_\_ Sex, gender, sexual orientation, sexual harassment, other harassment \_\_\_\_\_ Age
- \_\_\_\_\_ Disability \_\_\_\_\_ Marital status \_\_\_\_\_ Retaliation
- \_\_\_\_\_ Partnership Status \_\_\_\_\_ Military/veteran status \_\_\_\_\_ Religion

\_\_\_\_\_ Other/Not sure (Please briefly explain): \_\_\_\_\_

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

Description of Alleged Harassment/Discrimination/Incident: \_\_\_\_\_

Date, Time and Place of Violation(s): \_\_\_\_\_

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/discrimination been previously reported? [ ]Y [ ]N If yes, when and to whom?

Describe the remedy, outcome or resolution: \_\_\_\_\_

Remedy Sought by Complainant: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complainant

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