



**COMPLAINT FORM**

The Mount Vernon City School District is an equal opportunity employer, committed to providing a work environment which is free from discrimination. The District prohibits discrimination on the basis of race, color, creed, religion, national origin, political affiliation, sex, sexual orientation, age, marital status, military status, veteran status, disability, or predisposing genetic characteristics or any other status protected by Federal, State or local laws.

The Mount Vernon City School District does not tolerate any harassment prohibited by law.

This Complaint Form is designed to ensure that all complaints are handled in a fair and consistent manner. The Mount Vernon City School District is committed to providing a safe and respectful work environment for all employees.

**Complainant Information**

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

Work Location: \_\_\_\_\_ Job Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone Contact: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Location: \_\_\_\_\_

Name(s) of the Accused: \_\_\_\_\_

School/Department: \_\_\_\_\_

Relationship of the Accused to the Complainant (Administrator, Supervisor Co-Worker, etc.):

\_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_

Please describe what happened and how it affects you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence. (Attach additional sheet(s) if necessary)

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



What is your desired outcome resolution of your complaint?

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**Acknowledgment**

By signing below, I acknowledge that the information provided in this complaint form is true and accurate to the best of my knowledge. I understand that this form will be used for the purpose of investigating my complaint.

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|-------------------|------------------|-------------|
| <b>Print Name</b> | <b>Signature</b> | <b>Date</b> |
|-------------------|------------------|-------------|

Please submit this form to the Office of Human Resources and keep a copy for your records. The form may be submitted in person, sent via email to [humanresources@mtvernoncsd.org](mailto:humanresources@mtvernoncsd.org), or mailed to the Mount Vernon City School District, 165 N Columbus Avenue, Mount Vernon, NY 10553, Attention: Office of Human Resources

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**Internal Use Only**

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| Signature of District Administrator | Date Form Received |
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