CAMBRIDGE PUBLIC SCHOOLS
EMPOWERING STUDENT EXCELLENCE

Civil Rights Discrimination
Grievance Form

If you believe that you have experienced discrimination based on a protected category or have bene subjected to retaliation for engaging in protected activity, you may file a grievance through this form, or online via Speakfully.

Date: _____

Name of person filling out this form: _____
(check one) ☐ Student ☐ Parent/Guardian/Caregiver ☐ Staff

School/Department: _____

Your contact information:

Home address: _____

Email address: _____ Phone: _____

Protected Category (check all that apply):

- ☐ Race, Color, or National Origin (Title VI)
- ☐ Sex (Title IX)
- ☐ Disability (Section 504/AD)
- ☐ Religion
- ☐ Sexual Orientation
- ☐ Gender Identity or Expression
- ☐ Genetic Information
- ☐ Ancestry
- ☐ Age
- ☐ Martial Status
- ☐ Pregnancy
- ☐ Parental Status
- ☐ Veteran Status
- ☐ Homelessness Status

Please identify the location of the school/department where the alleged discriminatory conduct occurred, the date/time of the event, and the name of the person(s) engaged in the conduct below.

Location (check all that apply)

- ☐ School Building
- ☐ School Grounds (not indoors)
- ☐ Bus
- ☐ Off-Campus

Date and Time of Conduct: _____

Name of the individual(s) engaging in the discriminatory conduct:

Please describe in detail the nature of the issue and the action(s) or practice(s) alleged to be discriminatory:

Please describe the outcome, relief, or corrective action you are seeking:

Please mail or email the completed form to:

Hilary Detmold
Director of Compliance
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