# LEWISTON-PORTER CENTRAL SCHOOL DISTRICT
# DISCRIMINATION, HARASSMENT, SEXUAL HARASSMENT AND/OR RETALIATION COMPLAINT FORM

The District prohibits discrimination and harassment, sexual harassment on school property and at school functions on the basis of any legally protected class including, but not limited to: race; color; religion; disability; national origin; sexual orientation; gender identity or expression; military status; sex; age; and marital status.

If you believe that you have been subjected to or have witnessed discrimination, harassment, sexual harassment and/or retaliation, you are encouraged, but not required, to report it to the District. You will not be retaliated against for making a report.

The District will promptly respond to reports of discrimination, harassment, sexual harassment and/or retaliation, ensure that all investigations are conducted within a reasonably prompt time frame and under a predictable fair grievance process that provides due process protections, and impose disciplinary measures and implement remedies when warranted.

**Instructions**

The District will investigate all complaints of discrimination and/or harassment regardless of the form in which those complaints are made. However, this form may be used to make a report of discrimination, harassment, and/or retaliation.

Once completed, it should be submitted to the District's Civil Rights Compliance Officer (CRCO) in person or by mail, email, or other method made available by the District. Completing this form as thoroughly as possible will assist the District in providing for the prompt, thorough, and equitable resolution of all allegations. Inquiries about the completion or submission of this form may be directed to the District's CRCO or a trusted staff member with whom you feel comfortable.

The District has designated the following District employees to serve as its CRCO:

Andrea Tamarazio, Director of Curriculum, Instruction, Technology and Data
atamarazio@lew-port.com, 716-286-7295
District Office, 4061 Creek Road, Youngstown, NY 14174

If you are more comfortable reporting verbally or in another manner, the person to whom you report the discrimination, harassment, and/or retaliation will complete this form, provide you with a copy, and follow any required processes.

You may use additional sheets of paper if needed and attach any relevant materials or evidence to this complaint form.

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

First and last name: _____

Complainant's relationship to the District:
*(Check all that apply)*

[ ] 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: _____

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

**Supervisory Information**
Immediate Supervisor's Name:_____

Title:_____

Work Phone:_____Work Address:_____

**Information about the Alleged Victim**
(*The person alleged to have experienced the discrimination, harassment, sexual 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: _____

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Alleged victim's relationship to the District:
(*Check all that apply*)

[ ] 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: _____

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, sexual harassment and/or retaliation.*)

First and last name: _____

Respondent's relationship to the alleged victim:

[ ] Classmate [ ] Teacher [ ] Student [ ] Supervisor
[ ] Supervisee [ ] 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: _____

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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 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.

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

| | | |
|---|---|---|
| [ ] Age | [ ] Creed | [ ] Sexual orientation |
| [ ] Sex | [ ] Religion | [ ] Gender identity or expression |
| [ ] Race | [ ] Marital status | [ ] Predisposing genetic characteristics |
| [ ] Color | [ ] Familial status | [ ] Criminal arrest or conviction record |
| [ ] National Origin | [ ] Military status | [ ] Status as a victim of domestic violence |
| [ ] Disability | [ ] Retaliation | |

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

_____

Describe the alleged incident(s) of discrimination, harassment, sexual harassment, and/or retaliation and include as many details as possible. **Include any known date(s), time(s), and place(s) of the alleged incident(s).** You may use additional sheets of paper if necessary. If you have any relevant documents or evidence, please include them.

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

**Information about Witnesses**
If possible, please 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:

_____

_____

_____

**Information about Previous Reports**
Have you previously provided information (verbal or written) about this or related incidents? If yes, when and to whom did you provide information? What was the remedy, outcome, or resolution?

_____

_____

**Information about Legal Counsel**
This is not required, but if you have retained legal counsel and would like the District to work with them, please 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: _____

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**For District Use Only**

Complaint initially received on: _____

Form initially completed by:

[ ] The complainant

[ ] _____ based on a verbal 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: _____

_____