

CHATHAM CENTRAL SCHOOL DISTRICT
COMPLAINT FORM FOR REPORTING DISCRIMINATION OR HARASSMENT

If you believe that you have been subjected to discrimination or harassment, you are encouraged to complete this form and submit it to a Principal or Title IX Coordinator at the Chatham Central School District. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Principal or Title IX Coordinator may complete this form and provide you with a copy.

COMPLAINANT INFORMATION

Name:

Address:

Phone:

Email:

Job Title (if applicable):

Select Preferred Communication Method: _Email _Phone _In person

SUPERVISORY INFORMATION (if applicable)

Immediate Supervisor's Name:

Title:

COMPLAINT INFORMATION

1. Your complaint of discrimination or harassment is made about:

Name:

Title:

Work Address:

Work Phone:

Relationship to you: _Supervisor _Subordinate _Co-Worker _Teacher _Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment or discrimination occurred:

4. Is the discrimination or harassment continuing? _Yes _No

5. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

6. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

*Complainant Signature:*_____ *Date:*

*CCSD Receipt Signature:*_____ *Date:*