

DISCRIMINATION OR HARASSMENT COMPLAINT FORM

It is the policy of the Fort Plain Central School District to provide an environment which is free from harassment and discrimination on the basis of race, color, national origin, sex, disability, gender, sexual orientation, age or religion. Retaliation against an individual who reports, files a complaint, participates in or conducts an investigation related to claims of harassment or discrimination is expressly prohibited.

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Identify on what ground(s) you believe that you faced harassment or discrimination (check all that apply):

- checkbox Race checkbox Color checkbox National Origin checkbox Sex checkbox Disability checkbox Gender checkbox Sexual Orientation checkbox Age checkbox Religion checkbox Retaliation

Identify the person(s) who you believe engaged in harassment and/or discrimination against you:

Name(s): \_\_\_\_\_

Description(s) (if name is not known): \_\_\_\_\_

Title/Position(s)- (if known): \_\_\_\_\_

Contact information (if known): \_\_\_\_\_

Identify the specific nature of the alleged harassment and/or discrimination- please include dates, times, location and identify possible witnesses or sources of information which may be relevant to an investigation: (attach additional documentation or pages, as necessary, including any written material, images, text, messages or other evidence pertaining to your complaint)

Date(s) of alleged incident: \_\_\_\_\_ Location(s): \_\_\_\_\_

What happened?: \_\_\_\_\_

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

Why you believe that the action/conduct identified above constitutes harassment or discrimination? \_\_\_\_\_

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

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**If you are alleging a retaliation complaint, please identify why you believe someone retaliated against you:** \_\_\_\_\_

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*Have you spoken to any Administrator(s) or other District employee(s) about this matter?*

**Yes**       **No**

*If yes, please identify who you spoke with, and when:*

*Please describe the result of the discussion with the Administrator(s) or others identified above:* \_\_\_\_\_

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*Have you filed (or do you intend to file) a charge or complaint concerning matters raised in this report with other agencies? (Federal, State, Local):*       **Yes**       **No**

*If yes, please provide the following information:*

**Agency:** \_\_\_\_\_

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

**Investigator (if known):** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Status of Case/Investigation:** \_\_\_\_\_

**What remedy are you requesting? (Please be specific)** \_\_\_\_\_

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**I certify that the foregoing information is true and correct:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please submit completed form to** Fort Plain District Office.