

Peru Central School District

Discrimination/Harassment

Complaint Form

(Please Type or Print Clearly)

Date submitted:

SECTION I

Name of Complainant (print)	Signature of Complainant
Complainant's Home Address	Complainant's Contact Information
Street Address	Home: ()
City/Town, State	Cell: ()
Zip Code	Work: ()
	Email: _____
Complainant's Role(s) at Peru Central School District [check all that apply]	
<input type="checkbox"/> Student Grade Level or Program :__ _____ Your age: _____	<input type="checkbox"/> District employee <input type="checkbox"/> Parent or guardian <input type="checkbox"/> Other: _____

SECTION II

School Building Name/ Location	School Principal's Name/ Department Head

SECTION III

The Discrimination, Harassment or Complaint Is Based on: (check all that apply)

- Academic Complaint or Grievance**
- Race**
- Color**
- Creed**
- Religion**
- Religious Practice**
- National Origin**
- Ethnic Group**
- Sex** (includes sexual harassment and sexual violence)
- Gender Identity**
- Sexual Orientation** (the term “sexual orientation” means heterosexuality, homosexuality, bisexuality, or asexuality)

- Political Affiliation**
- Age**
- Marital Status**
- Military Status**
- Veteran Status**
- Disability**
- Weight (Student Only)**
- Domestic Violence Victim Status**
- Arrest or Conviction Record**
- Genetic Information**
- Other (specify)** _____

SECTION IV

Date of first alleged incident of discrimination, harassment or act complained of:

Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of incident(s):

Witnesses, if any, or others who should be contacted with knowledge relevant to this investigation (include contact information for each person) and use additional paper if necessary.

Name(s):

Contact Information:

Others you may have discussed this incident with, including contact information for each:

Name(s):

Contact Information:

SECTION V

If there are multiple instances of alleged discrimination or harassment, or academic complaints, provide the dates, description of the incidents, and those involved, and you may attach a separate sheet providing details, if you wish.

Or this section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates (attach additional forms, if needed):

Has this matter been previously reported?

No Yes – Date:

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

SECTION VI

Remedy, outcome or resolution sought by complainant:

Once you complete this form, please mail, email or deliver it in person with any attached detail sheets you wish to include to:

Sara Simon -Shult – Title IX Coordinator – sshult@perucsd.org
Matt Berry – Title IX Coordinator – mberry@perucsd.org
PO Box 68
Peru, NY 12972
Phone: (518) 643 -6100 or (518) 643-6400

Or you may deliver this completed Discrimination/Harassment Complaint Form to your Principal or Supervisor.