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| **Peru Central School District****Discrimination/Harassment****Complaint Form**(Please Type or Print Clearly) |
| **Date submitted:** |
| **SECTION I** |
| **Name of Complainant (print)** | **Signature of Complainant** |
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| **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]** |
| * **Student**

**Grade Level or Program : Your age:**  | * **District employee**
* **Parent or guardian**
* **Other:**
 |
| **SECTION II** |
| **School Building Name/ Location** | **School Principal’s Name/ Department Head** |
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| **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)**
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| **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):** |

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| **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:** |
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| **Once you complete this form, please mail or deliver it in person with any attached detail sheets you wish to include to one of the Title IX Coordinators below:*** High School Principal, (518) 643-6400, Peru CSD, PO Box 68, 17 School St, Peru, NY 12972
* Elementary Co-Principal, (518) 643-6100, Peru CSD, PO Box 68, 17 School St, Peru, NY 12972

Or you may deliver this completed Discrimination/Harassment Complaint Form to your Principal or Supervisor.The NYS Division of Human Rights (DHR) has a toll-free confidential hotline to provide counsel and assistance to individuals experiencing workplace sexual harassment. Individuals may file a workplace sexual harassment claim by calling 1-800-HARASS-3, Monday through Friday between 9:00 AM and 5:00 PM. |