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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** |
|  |  |
| **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. | |