

**COMPLAINT OF PROHIBITED DISCRIMINATION OR HARRASMENT**

This form is to be filed as a part of the Formal Procedure in order to initiate a complaint of alleged prohibited discrimination or harassment prohibited by the North Colonie Central School District's Policy Against Harassment (Including Sexual Harassment) and Discrimination Against Students.

Your Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

Home Phone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Status: (Circle one) **Student**    **Instructional Staff**    **Non-Instructional Staff**    **Other**

Basis of discrimination and/or harassment (check as many as are applicable):

Race\_\_\_    Gender\_\_\_    National Origin\_\_\_    Religion\_\_\_    Age\_\_\_

Disability\_\_\_    Sexual Orientation\_\_\_    Marital Status\_\_\_    Retaliation\_\_\_

Time(s) and Date(s) incidents of prohibited discrimination (and/or harassment) took place:

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

Have you also filed this charge with a Federal, State, or Local Government agency?

Yes \_\_\_\_\_    No \_\_\_\_\_

Name(s) and office address of the individual who allegedly discriminated against you or harassed you. If more than one, list all.

Name:

Office/Location:

Describe the incidents which occurred and your reason for concluding that it is/was discriminatory (use extra sheet if necessary).

Describe briefly what you would consider to be appropriate resolution of the conduct described above. (The District at all times retains sole discretion and authority to determine the appropriate disciplinary and/or remedial action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

Identify all persons who witnessed the incidents described above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_

\_\_\_\_\_  
Date