



## Discrimination/Harassment Complaint Reporting Form

Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### COMPLAINANT'S ROLE IN THE SCHOOL DISTRICT

<input type="checkbox"/> Student	Age:	Grade:	Building:
<input type="checkbox"/> Employee	Title:	Dept:	Union Unit:
<input type="checkbox"/> Parent or Guardian	Child's Name:		Grade/Bldg:
<input type="checkbox"/> Other (please specify):			

### DETAILS OF COMPLAINT

*Discrimination/ harassment based on: (Please check all appropriate items)*

<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Weight	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Religion/ Creed	<input type="checkbox"/> Age	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Retaliation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Military Status	<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Other (please specify below)
<input type="checkbox"/> Political affiliation	<input type="checkbox"/> Marital Status		

***Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need additional space.***

1. Please describe the type of harassment or discrimination that you experienced, including the events or actions, in as much detail as possible:

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

2. List the people involved in harassing or discriminating against you:

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

3. List any witnesses of the incident:

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

4. Describe the location where the harassment/discrimination occurred:

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

5. Please list all the date(s) and time(s) when the harassment/discrimination occurred or when the alleged harassment/discrimination first came to your attention:

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6. Has this concern been discussed with the school principal, or any other school employee? If yes, with whom? What was the outcome? If no, why not?

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7. What would you consider to be a successful or acceptable outcome and/or resolution to your complaint?

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I certify that this information is correct to the best of my knowledge.

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Signature of Complainant

Date

Complainants are advised that while the District will make every effort to protect their privacy and confidentiality, investigation of the complaints may require disclosure of certain information to others. By filing a complaint, the complainant authorizes the District to investigate and make disclosures as may be reasonably necessary to the investigation and resolution of the complaint.

Retaliation for having filed a complaint is prohibited. If any participant in the complaint process experiences retaliation as a result of having participated in the process, please notify the site principal and/or District Title IX Compliance Officers listed below. Employees and/or students who *knowingly* make false accusations against another individual as to allegations of harassment may also face appropriate disciplinary action.

**Please submit this signed complaint form to:**

*Building Principal, Assistant Principal, Superintendent or Compliance Officer listed below:*

Troy School District  
Kristen Miaski, Director of Human Resources (Title IX Compliance Officer)  
475 First Street  
Troy, NY 12180  
Email: [miaskik@troycsd.org](mailto:miaskik@troycsd.org)  
Fax: (518) 271-5194  
OR

Troy School District  
Adam Hotaling, Asst. Superintendent of Business (Title IX Compliance Officer)  
475 First Street  
Troy, NY 12180  
Email: [hotalinga@troycsd.org](mailto:hotalinga@troycsd.org)  
Fax: (518) 271-7692