# Discrimination/Harassment Complaint Reporting Form

Name: ___________________________________________ Phone: ___________________________

Date: ___________________________ Email Address: ________________________________________

## COMPLAINTANT’S ROLE IN THE SCHOOL DISTRICT

<table>
<thead>
<tr>
<th></th>
<th>Age:</th>
<th>Grade:</th>
<th>Building:</th>
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<tbody>
<tr>
<td>Student</td>
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<tr>
<td>□ Employee</td>
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<td>□ Parent or Guardian</td>
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<td>□ Other (please specify)</td>
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## DETAILS OF COMPLAINT

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

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<tbody>
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<td>□ Race</td>
<td>□ Sex</td>
<td>□ Weight</td>
<td>□ Sexual Orientation</td>
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<td>□ Color</td>
<td>□ Disability</td>
<td>□ Gender</td>
<td>□ Sexual Harassment</td>
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<td>□ Religion/Creed</td>
<td>□ Age</td>
<td>□ Gender Identity</td>
<td>□ Retaliation</td>
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<tr>
<td>□ National Origin</td>
<td>□ Military Status</td>
<td>□ Veteran Status</td>
<td>□ Other (please specify below)</td>
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<td>□ Political affiliation</td>
<td>□ Marital Status</td>
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*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:

______________________________________________________________________________
______________________________________________________________________________

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?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

_________________________________________  ____________________________
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 Compliant Officer listed below:

Troy School District
Imran Abbasi, Assistant Superintendent for Human Resources (Title IX Compliant Officer)
475 First Street
Troy, NY 12180
Email: abbasii@troycsd.org
Fax: (518) 328-5047
OR
Troy School District
Adam Hotaling, Asst. Superintendent of Business (Title IX Compliant Officer)
475 First Street
Troy, NY 12180
Email: hotalinga@troycsd.org
Fax: (518) 271-7692