PINE BUSH CENTRAL SCHOOL DISTRICT COMPLAINT FORM

In order to assist the Pine Bush Central School Lequitable resolution of discrimination and/or haras to the best of your abilities and submit it to the Civi	sment allegations, please f	fill out the following form	
Questions regarding the completion or submission Rights Compliance Officer(s) or a trusted staff mem			
Name of complainant:	Date submitted:		
Address:			
Home phone: Cell: (please circle the	Work: e number you'd prefer us to	call)	
Email:			
Name of Victim (if different than complainant):			
The victim is: (check all that apply):			
An employee, holding the position of at at A parent or community member Other (please specify your relationship with	at at	(location)(school or location)	
Basis of this complaint/grievance: Race, color, creed, national origin (Including Anti-Semitism)			
Sex, gender, sexual orientation	Marital status Genetic status Religion		
Military/veteran status Domestic violence victim status Other/Not sure (Please briefly explain):	Criminal arrest or conv	iction record	
Name and/or description of accused person(s) or of	fending occurrence:		
Description of alleged incident or occurrence:			
Date, time and place of violation(s):			

(Continued)

PINE BUSH CENTRAL SCHOOL DISTRICT COMPLAINT FORM (Cont'd.)

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:	
Others you may have discussed this complaint/grievance/incident with, including contact information for each:	
Has this incident or occurrence been previously reported? [] Y [] N If yes, when and to whom?	
If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:	
Date Signature of Complainant	

(This form is to be used for all complaints within the Pine Bush Central School District, including incidents of alleged discrimination or harassment)