PINE BUSH CENTRAL SCHOOL DISTRICT
COMPLAINT FORM

In order to assist the Pine Bush Central School District in providing for the prompt, thorough, and equitable resolution of discrimination and/or harassment allegations, please fill out the following form to the best of your abilities and submit it to the Civil Rights Compliance Officer, ____________________________.

Questions regarding the completion or submission of this form can be directed to the District’s Civil Rights Compliance Officer(s) or a trusted staff member with whom you feel comfortable.

Name of complainant: ____________________________ Date submitted: ________________

Address: ______________________________________

Home phone: ______________ Cell: ______________ Work: ______________

(please circle the 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 ______________ (location)

_____ A student, grade __________ at ______________ (school or location)

_____ A parent or community member

_____ Other (please specify your relationship with or association to the District) ______________

Basis of this complaint/grievance:

_____ Race, color, creed, national origin

_____ (Including Anti-Semitism)

_____ Sex, gender, sexual orientation

_____ Marital status

_____ Age

_____ Sexual harassment

_____ Retaliation

_____ Disability

_____ Genetic status

_____ Religion

_____ Military/veteran status

_____ Criminal arrest or conviction record

_____ Domestic violence victim status

_____ Other/Not sure (Please briefly explain): ________________________________

Name and/or description of accused person(s) or offending occurrence: ____________________________

________________________________________________________________________

Description of alleged incident or occurrence: __________________________________________

________________________________________________________________________

Date, time and place of violation(s): ____________________________

(Continued)
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)