

**ELLENVILLE CENTRAL SCHOOL DISTRICT  
NON-DISCRIMINATION AND ANTI-HARASSMENT COMPLAINT FORM**

*In order to assist the Ellenville 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 if the student is the complainant, a trusted staff member with whom the student feels comfortable. If necessary, use additional paper to be attached to this form.*

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      \_\_\_\_\_ Sexual harassment      \_\_\_\_\_ Age
- \_\_\_\_\_ Sex, gender, sexual orientation      \_\_\_\_\_ Marital status      \_\_\_\_\_ Retaliation
- \_\_\_\_\_ Disability      \_\_\_\_\_ Genetic status
- \_\_\_\_\_ Military/veteran status      \_\_\_\_\_ Religion
- \_\_\_\_\_ 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 (Additional paper can be used and attached to the form to fully describe the incident or occurrence): \_\_\_\_\_

Date, time and place of incident(s) or occurrence(s): \_\_\_\_\_

(Continued)

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Witnesses, if any, or others who should be contacted with knowledge of the incident or occurrence or complaint, including contact information for each and identify the information they may have:

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Others you may have discussed this complaint/grievance/incident with, including contact information for each:

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Has this incident or occurrence been previously reported?  Y  N If yes, when and to whom?

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If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:

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Identify the remedy, outcome or resolution that you are seeking:

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

Signature of individual who obtained the information to complete the form from the Complainant when the Complainant would not sign the form: \_\_\_\_\_

\_\_\_\_\_  
Date:

*(This form is to be used for all complaints within the School District, including incidents of alleged discrimination or harassment, if the complainant elects not to complete this form, the individual receiving the complaint, the Civil Rights Compliance Officer or other as designated by the District is to speak with the complainant secure the noted information on the form and complete the form for the complainant's review and approval.)*