

Rochester City School District
Complaint of Alleged Discrimination Form
[A Complaint Should be Filed Within 30 Days of the Event Which is the Subject]
(please type or print clearly and complete all sections applicable to your concern)

Date submitted:

SECTION I

Name of Complainant (print)

Signature of Complainant

Complainant's Home Address

Complainant's Phone Number(s)

Street Address

Home: ()

City/Town, State

Cell: ()

Zip Code

Work: ()

Email:

Complainant's Role(s) in the School (check all that apply)

Student

Grade: _____

Age: _____

District employee Title: _____

Parent or guardian

Community member or other

SECTION II

School Building Name/ Work Location

School Principal's Name/ Department Head

SECTION III

The Discrimination or Harassment is Based on Your: (check all that apply)

Race Color Creed Religion National Origin Ethnic Group

Sex (excludes sexual harassment and sexual violence) Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality or asexuality) Political Affiliation Age Retaliation

Other (specify): _____

EMPLOYEES

Marital Status Military Status Veteran Status Domestic Violence Victim Status

Arrest or Conviction Record Genetic Information

STUDENTS

Religious Practice Gender Identity Gender Expression Weight

SECTION IV

Location of Incident(s) / Condition Affecting Equal Access: (Attach additional pages, if necessary)

Date(s) of Alleged Incident(s) of Discrimination or Harassment:

Name of any person(s) committing action(s) against complainant, if known:

Name(s):

Job or role (if known):

Description of complaint or incident(s):

Witnesses, if any, or others who should be contacted with knowledge pertinent to this investigation (include contact information for each person): (Attach additional pages, if necessary)

Name(s):

Contact Information:

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

Name(s):

Contact Information:

If tangible evidence exists, please describe:

SECTION V

Has this complaint or incident been previously reported?

No

Yes **Date:**

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

SECTION VI

Remedy, outcome or resolution sought by complainant:

Once completed, please forward this form to the Compliance Officer -Chief of Human Capital Initiatives, 131 West Broad Street, Rochester, New York 14614 or Compliance@RCSDK12.org, to your Principal, Department Head, or Dignity Act Coordinator.