

COMPLAINT FORM

Chazy Central Rural School District maintains a firm policy prohibiting all forms of discrimination. All persons are to be treated with respect and dignity. Discrimination affecting the work or academic environment will not be tolerated.

Complainant _____

Home Address _____

Home Phone _____

Target(s) of discrimination _____

Date of the discrimination _____

Name of person(s) responsible for the discrimination _____

List any person(s) with knowledge of the discrimination _____

Where did the discrimination occur? _____

Describe the discrimination as clearly as possible. (Attach additional pages if necessary.) _____

Resolution desired _____

This complaint is filed based on my honest belief that prohibited conduct under the Equal Opportunity Policy has occurred. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature _____ Date _____

Received by _____ Date _____

Adoption date: February 12, 2008