EAST SYRACUSE MINOA CENTRAL SCHOOL DISTRICT
COMPLAINT FORM

In order to assist the East Syracuse Minoa Central School District in providing for the prompt, thorough, and equitable resolution of discriminating or harassing conduct 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), who is the Executive Director of Employee Engagement and Accountability, 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 _____ Sexual harassment _____ Age
_____ Sex, gender, sexual orientation _____ Marital status _____ Retaliation
_____ Disability _____ Genetic status _____ Religion
_____ Military/veteran status _____ Domestic violence victim status _____ Criminal arrest or conviction record
_____ 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 East Syracuse Minoa Central School District, including incidents of alleged discriminating or harassing conduct

Submit the completed form to the Executive Director of Employee Engagement and Accountability, who serves as the Civil Rights Compliance Officer
407 Fremont Rd., East Syracuse, NY 13057
315-434-3007