

**DISCRIMINATION/HARASSMENT COMPLAINT FORM**

In order to assist DeRuyter Central School in responding appropriately to allegations regarding discriminatory and/or harassing conduct, please complete this complaint form and submit it to the DeRuyter Central School Civil Rights Compliance Officer, Charles Walters, at walters@druytercentral.org or DeRuyter Central School, 711 Railroad Street, DeRuyter, NY 13052 or you **may also contact the U.S. Department of Education, Office for Civil Rights (OCR)**, 32 Old Slip, 26<sup>th</sup> Floor, New York, NY 10005, telephone (646) 428-3800 (voice) or (800) 877-8339 (TTY).

The complaint form may also be provided to an administrator or department head assisting you in making the complaint. If forwarded to the principal or other administrator, s/he will forward the complaint form to the Compliance Officer. If you are unable to complete this form or need assistance in completing the form, please notify the Compliance Officer so that appropriate arrangements can be made to assist you in making your complaint.

Name and Address of Person Making Complaint: \_\_\_\_\_  
\_\_\_\_\_

Telephone number for DeRuyter Central School to use to contact you about your complaint: \_\_\_\_\_  
\_\_\_\_\_

Email address for DeRuyter Central School to use to contact you about your complaint: \_\_\_\_\_  
\_\_\_\_\_

If you are complaining about discrimination or harassment of someone else, please state the person's name and relationship to DeRuyter Central School (e.g., student, staff member, visitor): \_\_\_\_\_  
\_\_\_\_\_

Please indicate the type(s) of discrimination you are complaining about: \_\_\_\_\_  
\_\_\_\_\_

Please identify the person(s) you believe engaged in the discriminatory or harassing conduct, stating the person's name, position (if an employee), grade level (if a student) and any other information you believe may assist DeRuyter Central School in identifying said person(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the facts and circumstances relating to what you believe to be discriminatory or harassing conduct, including the date, time and location as best you can: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continued)

If you believe there may be witnesses who observed the discrimination/harassment you are complaining about, please provide contact information for each witness and state what you believe the witness may have seen or heard that may relate to your complaint: \_\_\_\_\_

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If you believe there may be other evidence that supports your complaint, please describe: \_\_\_\_\_

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Signature of Person Making Complaint

Date