

SCHOOL DISTRICT OF PITTSVILLE
BOARD POLICY

STUDENTS

EQUAL EDUCATIONAL OPPORTUNITIES

411-EXHIBIT 2

DISCRIMINATION COMPLAINT FORM (for student and other non-employment matters)

(Any person with knowledge or concerns related to possible/alleged unlawful discrimination occurring in school district services, programs, or operations may submit a complaint using this form. A separate form exists for employment discrimination complaints.)

1. Print the name of the person who is submitting this form:

2. Today's Date:

3. For **non-students**: I can be contacted by phone and/or email at: _____

4. The person submitting this form is a:

- ☐ Student in grade _____
- ☐ Parent/Guardian of _____
- ☐ School District Employee
- ☐ Other: _____

5. The person submitting this form is (check all that apply):

- ☐ A victim/target of discrimination or harassment
- ☐ Someone who saw what happened to someone else
- ☐ Someone who has heard what happened to someone else
- ☐ Other: _____

6. **WHO** is being adversely affected by this issue? (Please provide the names(s) of any specific individuals, or, if a particular group of people are being affected, please describe the class/group.)

7. **WHO** or **WHAT** is causing the possible discrimination? (Check all that apply and identify individuals to the extent possible.)

- ☐ Student(s): _____
- ☐ School employee(s): _____
- ☐ Someone else: _____
- ☐ A district policy or procedure: _____

8. Describe **WHAT** happened (or what is currently happening), **WHERE** it occurred (e.g., which school), and **WHEN** it occurred:

9. Does this complaint allege a violation of a law or a school district policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, color, national origin, ancestry, sex, sexual orientation, religion, creed, age, pregnancy, marital or parental status, or any physical, mental, emotional or learning disability)?

- ☐ **No.** It doesn't seem connected to any particular status or category.
- ☐ **Yes.** Please list each protected status/category that you feel is relevant to the issues identified in this complaint:

10. Please **SIGN** and **DATE** this form (for complaints submitted by multiple people, please attach an additional signature page or add a signature in the space provided for additional details).

Your signature is your assurance that the information provided in this complaint form is provided in good faith and that it is accurate to the best of your knowledge.

Signature _____

Date _____

Use the space below (or additional sheets) to provide any additional detail that you wish to provide:

Please submit this form DIRECTLY to the District's Equal Educational Opportunities Compliance Officer at [insert contact info] or, if you are more comfortable doing so, to any school principal.

The lines below are for School District OFFICE USE ONLY

1. Identify the **name and title** of the person who received this form on behalf of the School District, and identify the **date of receipt**:

Name

Title

Date of Receipt by the District

2. Identify the method of receipt:

☐ Hand delivery

☐ Inter-office mail

☐ U.S. mail

☐ Other: _____

☐ Email

3. By number, identify the items on this form (if any) which were blank or clearly incomplete at the time the form was initially filed with the District:

4. Identify the **supervisor(s) or administrator(s)** who have been notified of the District's receipt of this report as of the date of receipt:

5. Identify the **supervisor or administrator** who is assigned primary responsibility for ensuring this report is processed appropriately:

6. Other information the District wishes to document related to the receipt of this complaint:

First Reading/Approval: July 8, 2024