

**SALEM CENTRAL SCHOOL DISTRICT**  
**COMPLAINT FORM FOR REPORTING DISCRIMINATION OR HARASSMENT**

If you believe that you have been subjected to discrimination or harassment, you are encouraged to complete this form and submit it to a Principal or Title IX Coordinator at the Chatham Central School District. You will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, the Principal or Title IX Coordinator may complete this form and provide you with a copy.

**COMPLAINANT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Job Title (if applicable): \_\_\_\_\_

Select Preferred Communication Method:    Email   Phone   In person

**SUPERVISORY INFORMATION (if applicable)**

Immediate Supervisor's Name: \_\_\_\_\_

Title: \_\_\_\_\_

**COMPLAINT INFORMATION**

1. Your complaint of discrimination or harassment is made about:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Relationship to you: Supervisor   Subordinate   Co-Worker   Teacher   Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) harassment or discrimination occurred: \_\_\_\_\_

Is the discrimination or harassment continuing?  Yes  No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_