

Peru Central School District Discrimination/Harassment Complaint Form

(Please Type or Print Clearly)

Date submitted:

SECTION I

Name of Complainant (print)	Signature of Complainant
Complainant's Home Address	Complainant's Contact Information
Street Address	Home: ()
City/Town, State	Cell: ()
Zip Code	Work: () Email: _____

Complainant's Role(s) at Peru Central School District [check all that apply]

<input type="checkbox"/> Student Grade Level or Program : _____ Your age: _____	<input type="checkbox"/> District employee <input type="checkbox"/> Parent or guardian <input type="checkbox"/> Other: _____
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SECTION II

School Building Name/ Location	School Principal's Name/ Department Head

SECTION III

The Discrimination, Harassment or Complaint Is Based on: (check all that apply)

<input type="checkbox"/> Academic Complaint or Grievance <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Sex (includes sexual harassment and sexual violence) <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)	<input type="checkbox"/> Political Affiliation <input type="checkbox"/> Age <input type="checkbox"/> Marital Status <input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disability <input type="checkbox"/> Weight (Student Only) <input type="checkbox"/> Domestic Violence Victim Status <input type="checkbox"/> Arrest or Conviction Record <input type="checkbox"/> Genetic Information <input type="checkbox"/> Other (specify) _____
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SECTION IV

Date of first alleged incident of discrimination, harassment or act complained of:

Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of incident(s):

Witnesses, if any, or others who should be contacted with knowledge relevant to this investigation (include contact information for each person) and use additional paper if necessary.

Name(s):

Contact Information:

Others you may have discussed this incident with, including contact information for each:

Name(s):

Contact Information:

SECTION V

If there are multiple instances of alleged discrimination or harassment, or academic complaints, provide the dates, description of the incidents, and those involved, and you may attach a separate sheet providing details, if you wish.

Or ☐ this section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates (attach additional forms, if needed):

Has this matter been previously reported?	
<input type="checkbox"/> No <input type="checkbox"/> Yes – Date:	Reported to (Name, Title/Job):
If yes, describe the outcome or resolution:	
<div></div>	
SECTION VI	
Remedy, outcome or resolution sought by complainant:	
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Once you complete this form, please mail or deliver it in person with any attached detail sheets you wish to include to one of the Title IX Coordinators below:

- High School Principal, (518) 643-6400, Peru CSD, PO Box 68, 17 School St, Peru, NY 12972
- Primary Building Principal, (518) 643-6100, Peru CSD, PO Box 68, 17 School St, Peru, NY 12972

Or you may deliver this completed Discrimination/Harassment Complaint Form to your Principal or Supervisor.

The NYS Division of Human Rights (DHR) has a toll-free confidential hotline to provide counsel and assistance to individuals experiencing workplace sexual harassment. Individuals may file a workplace sexual harassment claim by calling 1-800-HARASS-3, Monday through Friday between 9:00 AM and 5:00 PM.