

Olean City School District Discrimination / Harassment Complaint Form

1. Name of Complainant: _____ Date of Complaint: _____

Signature of Complainant: _____

2. Check One:

OCSD Employee Student Parent/Guardian Other

3. Complainant's Position/Title: _____

4. Contact Information: Phone(s) _____

Email: _____

Mailing Address: _____

5. The discrimination or harassment is based on: (check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Disability (Physical/Mental)	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Color	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> National Origin
<input type="checkbox"/> Age	<input type="checkbox"/> Sex (gender/harassment)	<input type="checkbox"/> Political Affiliation
<input type="checkbox"/> Creed	<input type="checkbox"/> Military/Veteran Status	<input type="checkbox"/> Arrest/Conviction Record
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Religion/Religious Practice	<input type="checkbox"/> Weight
<input type="checkbox"/> Domestic Violence/Victim	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Other: _____

6. Date(s) & Place(s) of alleged discrimination/harassment: _____

7. Name of person(s) committing action(s) against complainant: _____

8. Description of incident(s) (attach additional sheets if necessary): _____

9. Witnesses, if any (or others with knowledge of incident): _____

10. Evidence of alleged harassment/discrimination (ie emails, photos, letters) (attach any relevant documents):

11. Has this matter of discrimination or harassment been previously reported? YES NO

If yes: Date: _____ Reported to: _____

Describe Outcome: _____

12. Remedy, outcome or resolution sought by complainant: _____

Please see the Olean City School District Discrimination / Harassment Complaint Procedures

(Please attach additional information if necessary)

Completed form, along with additional information, should be sent to:

**Civil Rights Compliance Officer, Human Resources, Olean City School District,
410 West Sullivan Street, Olean, NY 14760**

Fax: (716) 375-8916; Email: CivilRightsCompliance@olean.wnyric.org

For Office Use Only: Date Received: _____ Received By: _____
