

**SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT
COMPLAINT FORM**

Name of complainant: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(please circle the number you'd prefer us to call)

The complainant is: (check all that apply):

- _____ an employee, holding the position of _____ at _____ (location)
- _____ a student, grade _____ at _____ (school or location)
- _____ a parent or community member
- _____ other (please specify your relationship with or association to the District) _____

Basis of this complaint/grievance:

- _____ Race, color, creed, national origin/ethnicity _____ Alienage/Citizenship Status
- _____ Sex, gender, sexual orientation, sexual harassment, other harassment _____ Age
- _____ Disability _____ Marital status _____ Retaliation
- _____ Partnership Status _____ Military/veteran status _____ Religion

_____ Other/Not sure (Please briefly explain): _____

Who was responsible for the alleged improper action?

The specific nature of the alleged harassment including explanation of why he/she believes it to be harassment.

A thorough and detailed account of the actions and/or dialogue which occurred between the alleged harasser and the complainant. This account should include the frequency of the conduct, the date, time, location of the incident, and the complainant's actions and responses during the incident(s).

(Continued)

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The names of witnesses or persons who have knowledge of the incident, including the names of persons with whom the complainant discussed the incident, and the time and date of this discussion
