



CIVIL RIGHTS COMPLAINT FORM

| COMPLAINANT | COMPLAINT AGAINST |
|--|--|
| <p>Name:</p> <p>Staff: <input type="checkbox"/> Student: <input type="checkbox"/> Parent: <input type="checkbox"/> Other: <input type="checkbox"/></p> <p>Grade/Position:</p> <p>Nature of Complaint:</p> <p><input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Intimidation</p> <p><input type="checkbox"/> Threats <input type="checkbox"/> Coercion</p> <p><input type="checkbox"/> Other, explain _____</p> | <p>Name: Staff: <input type="checkbox"/> Student: <input type="checkbox"/> Parent: <input type="checkbox"/> Other: <input type="checkbox"/></p> <p>Grade/Position:</p> |

Please indicate the basis of the civil rights violation or discrimination. (You may check more than one)

- Race National Origin Disability Religion Sexual Orientation Gender Age Color Gender Identity
 National Origin Sex Limited English proficiency Housing status Homelessness

Please summarize the nature of each complaint. Please indicate specific dates, names, and witnesses involved and any other information, which you believe is necessary for the Civil Rights Coordinator to evaluate and investigate your complaint.



[Large empty rectangular box for complaint text]

Please note that this document may be considered a public record under Massachusetts Public Law.

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I ATTEST THAT THE STATEMENT MADE IN THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

Your signature: _____ Date: _____

Administrator taking the complaint: _____ Date: _____

This form was submitted to the Civil Rights Coordinator on __/__/__ M D Y.