

## LEWISTON-PORTER CENTRAL SCHOOL DISTRICT COMPLAINT FORM

*In order to assist the Lewiston-Porter Central School District in providing for the prompt, thorough, and equitable resolution of discrimination and/or harassment allegations, please fill out the following form to the best of your abilities and submit it to the Civil Rights Compliance Officers, Assistant Superintendent for Administrative Services Dr. Patricia Grupka, or the Director of Curriculum and Instruction. Questions regarding the completion or submission of this form can be directed to the District's Civil Rights Compliance Officer(s) or a trusted staff member with whom you feel comfortable.*

Name of complainant: \_\_\_\_\_ Date submitted: \_\_\_\_\_

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

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

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

Name of Victim (if different than complainant): \_\_\_\_\_

The victim 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 his/her relationship with or association to the District) \_\_\_\_\_

Basis of this complaint/grievance:

- |  |  |                       |
|--|--|-----------------------|
| _____ Race, color, creed, national origin            | _____ Sexual harassment                    | _____ Age             |
| _____ Sex, gender, sexual orientation                | _____ Marital status                       | _____ Retaliation     |
| _____ Disability                                     | _____ Genetic status                       | _____ Dignity for All |
| _____ Military/veteran status                        | _____ Religion                             | _____ Students Act    |
| _____ Domestic violence victim status                | _____ Criminal arrest or conviction record |                       |
| _____ Other/Not sure (Please briefly explain): _____ |  |                       |

Name and/or description of accused person(s) or offending occurrence: \_\_\_\_\_

Description of alleged incident or occurrence: \_\_\_\_\_

Date, time and place of violation(s): \_\_\_\_\_

(Continued)

**LEWISTON-PORTER CENTRAL SCHOOL DISTRICT  
SAMPLE COMPLAINT FORM**

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:

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

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Has this incident or occurrence been previously reported?   ☐ Y   ☐ N   If yes, when and to whom?

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If the incident or occurrence has been previously reported, describe the remedy, outcome or resolution:

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Please indicate the remedy sought by the complainant.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

*(This form is to be used for all complaints within the Lewiston-Porter Central School District,  
including incidents of alleged discrimination or harassment)*