

**WAPPINGERS CENTRAL SCHOOL DISTRICT
EMPLOYEE DISCRIMINATION COMPLAINT FORM**

The Wappingers Central School District does not discriminate in offering employment opportunities on the basis of race, color, national origin, disability, sex, sexual orientation, age, religion, military/veteran status, genetic predisposition, marital status, and domestic violence victim status or any other basis prohibited by New York State and/or Federal non-discrimination laws.

Any act of retaliation against any person who opposes discrimination, has filed a complaint, has served as a witness, or has participated in any manner in investigating a complaint is prohibited and illegal. The District will take strong corrective action if retaliation occurs. Likewise, false complaints of discrimination are prohibited and corrective action will result.

SECTION I

Name of Complainant (print)	
Complainant's Home Address	Complainant's Phone Number(s)
Street Address	Home: () -
City/Town, State	Cell: () -
Zip Code	Work: () -
Complainant's Role(s) in the School District: (check all that apply)	
<input type="checkbox"/> District Employee	<input type="checkbox"/> Student
<input type="checkbox"/> Parent or guardian	<input type="checkbox"/> Community member
<input type="checkbox"/> Other (specify)	

SECTION II

Name of Employee:	
Employee's School Building or Department	Employee's Job Title

SECTION III

The discrimination is based on the employee's: (check all that apply)	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Sex (including sexual harassment) <input type="checkbox"/> Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality) <input type="checkbox"/> Other category currently protected under state or federal law (specify)	<input type="checkbox"/> Age <input type="checkbox"/> Religion <input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Genetic Predisposition <input type="checkbox"/> Marital Status <input type="checkbox"/> Domestic Violence Victim Status

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SECTION IV

Date of first alleged incident of discrimination: / /

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

Name(s):	Their job or role (if known):
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Description of incident(s):

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

Name(s):	Contact Information:
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Others you may have discussed this incident with, including contact information for each:

Name(s):	Contact Information:
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SECTION V

If there are multiple instances of alleged discrimination, provide the dates, description of the incidents, and those involved:
 Section does not apply

Name(s):	Their job or role (if known):
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Description of incident(s) with dates:

Has this matter of discrimination been previously reported?

No
 Yes Date: / / Reported to (Name, Title/Job):

If Yes, describe the outcome or resolution:

SECTION V

Remedy, outcome or resolution sought by complainant:

Signature of Complainant	Date Submitted: / /
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Once completed, forward this form to the employee's Principal or Department Supervisor. Complaints that allege discrimination by a Principal or Department Supervisor should be forwarded directly to the District Compliance Officer for Employees.