## North Merrick UFSD Discrimination & Harassment Complaint Form (please type or print clearly)

3230 F

Date submitted:				
SECTION I				
Name of Complainant (print)	Signature of Complainant			
Complainant's Home Address	Complainant's Phone Number(s)			
Street Address	Home: ( )			
City/Town, State	Cell: ( )			
Zip Code	Work: ( )			
Complainant's Role(s) in th	e School (check all that apply)			
□ Student	☐ District employee			
Grade:	☐ Parent or guardian			
Age:	☐ Community member or other			
SECTION II				
School Building Name/ Location	School Principal's Name/ Department Head			
SECTION III				
The Discrimination or Harassment i	s Based on Your: (check all that apply)			
□ Race	□ Political Affiliation			
□ Color	□ Age			
□ Creed	☐ Marital Status			
☐ Religion	☐ Military Status			
☐ Religious Practice	□ Veteran Status			
☐ National Origin	☐ Disability			
☐ Ethnic Group	☐ Weight			
☐ Sex (includes sexual harassment and sexual violence)	☐ Domestic Violence Victim Status			
☐ Gender Identity	☐ Arrest or Conviction Record			
☐ Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)	☐ Genetic Information			
	□ Other (specify)			

SECTION IV				
Date of first alleged incident of discrimination or harassment:				
Name of the person(s) committing action(s) against complainant, if known:				
Name(s):	Their job or role (if known):			
Description of incident(s):				
Witnesses, if any, or others who should be contacted with knowledge vi -Use additional pa				
Name(s):	Contact Information:			
Others you may have discussed this incident with, including contact inf				
Name(s):	Contact Information:			
SECT	ION V			
If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:  ☐ Section does not apply				
Name(s):	Their job or role (if known):			
Description of incident(s) with dates:				
Has this matter of discrimination or harassment been previously reported?				
□No	Reported to (Name, Title/Job):			
☐ Yes Date:				
If yes, describe the outcome or resolution:				
SECTION VI				
Remedy, outcome or resolution sought by complainant:				

Once completed, please forward this form to the <u>District Compliance Officer</u>, North Merrick UFSD, <u>bfriedman@nmerrick.org</u> or to your Principal.