

# Windham Public Schools



## Discrimination Report Form

This complaint form should be submitted to the district Title IX Coordinator. (Students) Miguel Pabon WPS Director of Pupil Services 355 High St. Unit B Willimantic, CT. 06226 860-465-2512 (Adults) Stephanie Garrett WPS Director of Human Resources 355 High St. Unit B Willimantic, CT. 06226 860-465-2308

Complainant: \_\_\_\_\_

Home Address \_\_\_\_\_ School Building \_\_\_\_\_

Home Phone or Cell \_\_\_\_\_ Work Phone ( if applicable) \_\_\_\_\_

Date of Alleged Incident \_\_\_\_\_

The alleged discrimination is based on: (Check all that apply)

Race

Color

National Origin

Gender

Disability

Religion

Ancestry

Age

Sexual Orientation

Name of Person you believe violated the District's discrimination policy \_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person.

\_\_\_\_\_ Workplace of the other person and/or phone contact for the other person

\_\_\_\_\_

Describe the incident as clearly as possible, include any verbal statements ( i.e. threats, derogatory remarks, demands,) and any actions or activities. Be specific. Attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and when did the incident(s) occur: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

See other side

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information provided in this complaint is true, correct and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

***A copy of this form shall be provided to the complainant.***