

**COMPLAINT OF ALLEGED DISCRIMINATION**

This form is to be filed as a part of the Formal Procedure in order to initiate a Complaint of alleged discrimination or harassment prohibited by the Mayfield Central School District's Equal Opportunity Policy (Prohibiting Discrimination and Harassment).

PLEASE PRINT OR TYPE.

1. Your Name:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

Phone Number: (     ) \_\_\_\_\_

Status:            Student            Instructional Staff            Non-Instructional Staff            Other

(Circle one)

2. Have you also filed this charge with a Federal, State or Local Government agency?

Yes \_\_\_\_\_

No

3. Alleged discriminatory act was based on:

\_\_\_\_\_ Race

\_\_\_\_\_ Religion

\_\_\_\_\_ National Origin

\_\_\_\_\_ Sex

\_\_\_\_\_ Age

\_\_\_\_\_ Disability

\_\_\_\_\_ Other Basis

4(a). Name(s) and office address of the individual who allegedly discriminated against you or harassed you. If more than one, list all.

Name:

Office/Location:

4(b). Describe the incidents which occurred and your reason for concluding that it is/was discriminatory (use extra sheet if necessary).

5. Date(s) incidents of discrimination took place:  
Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
6. Describe briefly what you would consider to be appropriate redress for the grievance described above.
7. Identify all persons who witnessed the incidents described in "4" above:  
\_\_\_\_\_  
\_\_\_\_\_
8. I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)