Perry Township Schools COMPLAINT FORM

Harassment Complaint	(refer to School Board Policy 3362)
Public Complaint	(refer to School Board Policy 9130)
Title VI	(refer to School Board Policy 3362, 4362,
(Racial Discrimination Complaint)	5517)
Title IX	(refer to School Board Policy 3362, 4362,
(Sex Discrimination Complaint)	5517)

The purpose of this form is to assist you in filing a complaint with the Perry Township Schools. You are not required to use this form; a written statement with the same information is sufficient.

Complaints are to be submitted to the Director of Student Services who serves as the District Complaint Coordinator. Kathy Luessow serves in this capacity and may be contacted at 317-789-3700, by email: <u>kluessow@perryschools.org</u> or by mail:

Attention: Kathy Luessow District Complaint Coordinator Compass Education Center 1319 E. Stop 10 Rd. Indianapolis, IN 46227

Serving as an alternate complaint coordinator, is Sharon Baker, Director of Human Resources. Her contact information is 317-789-3791, sbaker@perryschools.org or by mail at the above address.

1 <u>Contact Information</u>

Name: Position in District: Department (if applicable): Building Name:	
Telephone No.: Home: ()Work: () Email:	

- 3 Please list potential witness(es) if known:
- 4 Please indicate below the basis for which you believe these discriminatory or harassing actions were taken (e.g., "Race: African American" or "Sex: Female").

 Race/Color:
National Origin:
Sex:
Age:
Disability:
Other:

5 To your best recollection, on what date(s) did the alleged discrimination and or harassment take place?

Earliest date of discrimination and or harassment:

Most recent date of discrimination and or harassment:

6 Please explain as clearly as possible what happened, why you believe it happened, and the details of the harassing or discriminating actions. Indicate who was involved, including individuals who witnessed the actions. Be sure to include how other persons were treated differently. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your allegations.)

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7 Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name(s):_____

8 Do you have any other information that you think is relevant to our investigation of your allegations? If yes, please include below.

9	What remedy are	you seeking for	the alleged	discrimination	or harassment?
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Please sign and date this document form below.			

- I wish to file a formal complaint.
- I do not wish to file a formal complaint, but wish to provide documentation of the incident(s). I understand that the allegations I have documented will be investigated even though I am not filing a formal complaint.

Printed Name

Date

Signature