

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 322 Prospect St. Willimantic, CT. 06226 860-465-2531 (Adults) Jeralynn Beghetto WPS Director of Human Resources 322 Prospect St. 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 <input type="checkbox"/> | Color <input type="checkbox"/> | National Origin <input type="checkbox"/> |
| Gender <input type="checkbox"/> | Disability <input type="checkbox"/> | Religion <input type="checkbox"/> |
| Ancestry <input type="checkbox"/> | Age <input type="checkbox"/> | Sexual Orientation <input type="checkbox"/> |

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.