

**ANTI-DISCRIMINATION EXHIBIT**

**DISCRIMINATION COMPLAINT FORM**

Plattsburgh City School District maintains a firm policy prohibiting all forms of discrimination. All persons are to be treated with respect and dignity. Discrimination affecting the work or academic environment will not be tolerated.

• Complainant \_\_\_\_\_

• Home Address \_\_\_\_\_

• Home Phone \_\_\_\_\_

• Target(s) of Discrimination \_\_\_\_\_  
\_\_\_\_\_

• Date of the Discrimination \_\_\_\_\_

• Name of person(s) responsible for the Discrimination \_\_\_\_\_

• List any person(s) with knowledge of the Discrimination \_\_\_\_\_  
\_\_\_\_\_

• Where did the Discrimination occur? \_\_\_\_\_

• Describe the Discrimination as clearly as possible. (Attach additional pages if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Resolution Desired \_\_\_\_\_  
\_\_\_\_\_

This complaint is filed based on my honest belief that prohibited conduct under the Anti-Discrimination Policy has occurred. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

**ANTI-DISCRIMINATION EXHIBIT**

**DISCRIMINATION COMPLAINT RESOLUTION APPEAL FORM**

- Person filing appeal \_\_\_\_\_
- Date of appeal \_\_\_\_\_
- Date of original complaint \_\_\_\_\_
- List prior appeals, if any \_\_\_\_\_
- Description of decision being appealed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Describe why decision is being appealed (Attach additional pages if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Requested action to be taken \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Appellant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

Adoption date: March 23, 2006