LAKE SHORE CENTRAL SCHOOL DISTRICT HARASSMENT COMPLAINT FORM

Name of complainant:		Date submitted:	
Address:			
	Cell:(please circle the number		
The complainant is: (ch			
	grievance: ed, national origin/ethnicity kual orientation, sexual harass tus [Please briefly explain]:		Age Retaliation Religion
_	n of accused person(s):Harassment/Discrimination/In		
Date, Time and Place or	f Violation(s):		
Witnesses, if any, or oth including contact inform	ners who should be contacted nation for each:	with knowledge important	to this investigation,
Others you may have di	scussed this complaint/grieva	nce/incident with, includin	
	mination been previously repo		, when and to whom?
Describe the remedy, or	utcome or resolution:		
Remedy Sought by Con	nplainant:		
Date	 Signatur	re of Complainant	

(This form is to be used for all complaints within the Lake Shore Central School District, including incidents of alleged discrimination or harassment)

LAKE SHORE CENTRAL SCHOOL DISTRICT DISTRICT RESPONSE TO COMPLAINT FORM (To Be Completed by Various District Personnel)

Decision of Principal or Supervisor and Ac	ction Taken
Decision of Compliance Officer	
Action Taken by Superintendent	
Action by the Board	
Other Comments	
Date	Signature of Compliance Officer
Date	Signature of Superintendent