

Discrimination Complaint Form

In accordance with the Newtown Board of Education's Complaint Procedures, any student, parent/guardian, employee or employment applicant who feels that he/she has been discriminated against on the basis of race, color, age, religion, national origin, sex, sexual orientation, gender identity or expression, marital status, genetic information, or disability may discuss and/or file a grievance with the ADA, Title IX, Title VI, Title VII and Section 504 District Compliance Officer of the Newtown Public Schools:

ADA, Title IX, Title VI, Title VII and Section 504 District Compliance Officer
Anne Uberti, Assistant Superintendent
3 Primrose Street, Newtown, CT 06470
203-426-7617

Name of Presenter/Complainant: _____

Circle One: Employee Applicant Student Parent/Guardian Other (Please Describe) _____

Home address: _____

Telephone _____ Cell or work Phone: _____

You are filing this complaint on behalf of: _____

Circle One: Yourself Your child or a (student) another student a group

School Name: _____ Principal Name: _____

Date of Claim _____ Date of Incident _____

1. Statement of Incident/Issue (include all pertinent information: who, how, where, when, how often, feelings, witness). You may also attach a statement to this form.

2. Did you bring this incident/issue to the attention of another employee or person affiliated with the District for resolution of the incident/issue? If so, please describe who you contacted, when you contacted them, their job title or affiliation with the District, and the outcome of that process.

3. Please describe your desired resolution:

4. Please attach any additional information/documentation as necessary.

By signing below I declare that the above information is true and accurate to the best of my knowledge. I acknowledge that this information is not meant to slander, defame or otherwise defile any individual(s) listed in this complaint and that any willful misrepresentations may be prosecuted to the fullest extent of the law.

Signature of Presenter: _____

Signature of District Coordinator: _____ Date Received _____

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Complaints may also be directed to:

Office of Civil Rights
Boston Regional Office
Telephone: (617) 289-0111
Email: OCR.Boston@ed.gov
Fax: (617) 289-0150

Filing Complaints Electronically: <http://www.ed.gov.about/offices/list/ocr/complaintintro.html>