

Complaint form for Sidney Central School District

This form is for use by employees, students or by the general public when necessary. This form can be used for any complaint that needs to be sent into the Sidney Central School District, which includes alleged incidents of sexual harassment, bullying, a Section 504 complaint, compliance issues with the school website, and other incidents that happen within the district.

If you believe you have an issue, you are encouraged to complete this form to the best of your ability and submit it to the district. For staff or students, you will not be retaliated against for filing a complaint.

If you are more comfortable reporting verbally or in another manner, please contact the district. The district will complete this form, provide you with a copy, and follow procedures by investigating the claim.

Thank you.

YOUR INFORMATION (for all persons making a complaint)

Your Name:

Name of student (for parents/guardians):

Home Address:

Home or Cell Phone:

Email:

School (for students):

Grade/class (for students):

Work address (for employees):

Work phone (for parents/guardians/employees):

Job title (for employees):

Preferred Communication Method (please select one): phone, email, mail, in person:

SUPERVISOR INFORMATION (for employees)

Immediate supervisor's name:

Title:

Work phone:

Work address:

COMPLAINT INFORMATION (for all persons making a complaint)

1. Your complaint is and against:

2. Please describe what happened and how it is affecting you and your work or education. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) and location(s) the incident occurred:

4. Please list the name and contact information (if known) of any witnesses or individuals who may have information related to your complaint:

Print Name:

Signature:

Date: