



# SOUTH SHORE CHARTER PUBLIC SCHOOL

*Inspiring every student to excel in academics, service, and life*

## CIVIL RIGHTS COMPLAINT FORM

COMPLAINANT	COMPLAINT AGAINST
Name: _____ Staff: <input type="checkbox"/> Student: <input type="checkbox"/> Parent: <input type="checkbox"/> Other: <input type="checkbox"/> _____ Grade/Position: _____ Nature of Complaint: <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Intimidation <input type="checkbox"/> Threats <input type="checkbox"/> Coercion <input type="checkbox"/> Other, explain _____ _____	Name: _____ Staff: <input type="checkbox"/> Student: <input type="checkbox"/> Parent: <input type="checkbox"/> Other: <input type="checkbox"/> _____ Grade/Position: _____

<p>Please indicate the basis of the civil rights violation or discrimination. (You may check more than one)</p> <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Gender Identity <input type="checkbox"/> National Origin <input type="checkbox"/> Sex <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Housing status <input type="checkbox"/> Homelessness
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Please summarize the nature of your complaint. Please indicate specific dates, names, and witnesses involved and any other information, which you believe is necessary in order for the Civil Rights Officer to evaluate and investigate your complaint. (Continue on the back of this form if needed.)

