



CENTRAL COMMUNITY SCHOOL SYSTEM

10510 Joor Road • Suite 300 • Central, LA 70818

P.O. Box 78094 • Central LA 70837

225-262-1919 • www.centralcss.org

Office of Federal Programs



Non-Discrimination and Anti- Harassment Complaint Form

Personal Information:

Name:

Telephone:

Address:

I am (check one) Student Employee/Staff Other

Location of Discrimination or Harassment:

TYPE of DISCRIMINATION (check all that apply):

Age Color Disability Marital Status National Origin

Pregnancy Race Religion Retaliation

Sex/Gender Sexual Harassment

Other (please describe) _____

Additional Information:

Please describe your concern or complaint in detail including the date the problem occurred. You may attach additional pages as necessary. Please include the following information:

- How you or others were treated differently?
- Names and positions of those involved including contact information.
- Names of individuals who witnessed or are aware of the facts relating to this complaint.
- Describe any steps you have taken to address the problem.
- If your concerns relate to a disability, state the nature of the disability.
- How would you like to see the situation resolved?

Please describe the complaint here and/or add additional pages. Please sign and date each page.

I state under criminal penalty of the State of Louisiana that the foregoing information, including any attached pages, is true and correct.

Signature:

Date:

Submit to: Title IX Coordinator, Dr. Janet Stevens OR Human Resources Director, Gavin Vitter, Central Community School System, 10510 Joor Road, Suite 300, Central, LA 70818.
Phone: (225) 650- 2906 Fax: (225) 262-1989