



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, Angela Sanders OR OR Human Resources Director, Jeremy O'banion,
Central Community School System, 10510 Joor Road, Suite 300, Central, LA 70818. Phone: (225)
262-1919 Fax: (225) 262-1989