



# 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](http://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.