



City School District of the City of Niagara Falls  
Office of Human Resources

630-66<sup>th</sup> Street  
Niagara Falls, NY 14304  
716-286-4225

**COMPLAINT FORM**

*In order to assist City School District of the City of Niagara Falls in investigating your allegations of harassment, discrimination or retaliation in a prompt and thorough fashion, please complete this form to the best of your abilities and with as much detail as you are able. Once completed, please submit this form to the District Compliance Officer identified in the District's Policy Against Discrimination and Harassment. If additional space is needed in order to respond to any question below, please attach additional pages as necessary and identify which question corresponds to the information set forth in the additional pages. Any questions regarding this form may be directed to the District Compliance Officer. No individual will be retaliated against for filing a complaint.*

Name of Complainant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

(Please circle the number you'd prefer us to call)

Email: \_\_\_\_\_

Name of Victim (if different than Complainant): \_\_\_\_\_

Basis of this complaint (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Race/color      | <input type="checkbox"/> Gender expression      |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Gender identity        |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Transgender status     |
| <input type="checkbox"/> Disability      | <input type="checkbox"/> Genetic predisposition |



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\_\_\_\_\_ Sex/gender

\_\_\_\_\_ Sexual harassment

\_\_\_\_\_ Pregnancy

\_\_\_\_\_ Marital Status

\_\_\_\_\_ Familial Status

\_\_\_\_\_ Sexual orientation

\_\_\_\_\_ Military/veteran status

\_\_\_\_\_ Citizenship

\_\_\_\_\_ Religion/Religious creed

\_\_\_\_\_ Domestic violence victim status

\_\_\_\_\_ Retaliation

\_\_\_\_\_ Other/Not Sure

If checked "Other/Not Sure," please briefly explain:

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Time(s) and date(s) the incident(s) took place:

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Name(s) and office address of the individual who allegedly engaged in the harassment, discrimination or retaliation. If more than one, list all.

Name: \_\_\_\_\_

Location: \_\_\_\_\_





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Identify all persons who witnessed the incident(s) described above:

_____	_____
_____	_____
_____	_____

Please identify any other persons you believe have knowledge important to the incident(s) in question, including his/her contact information and a brief description of the knowledge held by each person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you filed a complaint or charge with a Federal, State, or Local Government agency related to the incident(s) identified above?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has this incident or occurrence been previously reported to City School District of the City of Niagara Falls?

Y  N. If yes, when and to whom?

\_\_\_\_\_

\_\_\_\_\_

If the incident or occurrence has been previously reported, please describe the remedy, outcome or resolution:

\_\_\_\_\_

\_\_\_\_\_



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**I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

Received by:

\_\_\_\_\_  
Signature

Print Name:

\_\_\_\_\_  
Date

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**For Employer Use Only – To be Completed Upon Receipt**

Recipient of Complaint (print): \_\_\_\_\_

Date, Time and Manner (e.g. personal delivery, mailbox, etc.) of Receipt: \_\_\_\_\_

Notes: \_\_\_\_\_

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In accordance with the Sexual Harassment Policy of the City School District of the City of Niagara Falls Board of Education, I have given my written assurance that the unwelcome behavior will stop.

The incident is deemed closed. However, I realize the complaint may be reopened for investigation if a recurrence of sexual harassment or retaliatory action are reported.

\_\_\_\_\_  
Signature of Alleged Harasser

\_\_\_\_\_  
Immediate  
Supervisor/  
School  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_ I am satisfied with the resolution to the above sexual harassment incident. The incident is deemed closed. However, the complaint may be reopened for investigation if a recurrence of sexual harassment is reported.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_ I am not satisfied with the resolution and require a formal complaint to be filed.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date