



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
Abbey Lane
Levittown, New York 11756



Discrimination/Harassment Complaint Form

Date Submitted:	
Complainant Information	
Name of Complainant:	Signature of Complainant:
Complainant Home Address:	Complainant Phone Number(s):
	Home: ()
	Cell: ()
Work: ()	
Complainant's Role(s) in the School District	
<input type="checkbox"/> Student	Age: Grade: Building:
<input type="checkbox"/> Employee	Title: Building: Union Unit:
<input type="checkbox"/> Parent or Guardian	Child's Name:
<input type="checkbox"/> Community Member	
<input type="checkbox"/> Other (please specify):	
Reason for Complaint or Grievance	
<input type="checkbox"/> Race, Color, National Origin, Ethnic Group	<input type="checkbox"/> Religion, Religious Practice
<input type="checkbox"/> Gender, Sexual Orientation, Sex	<input type="checkbox"/> Disability, Weight, Age
<input type="checkbox"/> Sexual Harassment, Other Harassment	<input type="checkbox"/> Other (please specify)
Discriminatory or Harassing Actions or Nature of the Discrimination	
Date, time, place of first alleged incident of discrimination or harassment:	
Name of person(s) committing action(s) against complainant and their title(s), if known:	
Description of the incident(s):	

Witness Information

If any, or others who should be contacted with knowledge vital to this investigation
(include contact information for each person; use additional paper if necessary)

Name(s):

Contact Information:

Others you may have discussed this incident with (include contact information for each)

Name(s):

Contact Information:

If there are multiple instances of alleged discrimination/harassment,
(provide date, time, place, description, names of those involved):

Does Not Apply

Name(s):

Contact Information & their job title (if known):

Description of Incident(s):

Remedy, outcome or resolution sought by complainant

Has this incident/discrimination been previously reported?

No

Yes

If yes, to whom, when (date) and describe the remedy, outcome or resolution (use additional paper if necessary)

Please return this form or direct any inquiries to the Civil Rights Compliance Officer,

Debbie Rifkin, Assistant Superintendent for Human Resources

Levittown Public Schools, Levittown Memorial Education Center, 150 Abbey Lane, Levittown, NY 11756

(516) 434-7030

The Levittown Public School District is committed to a policy of nondiscrimination and to the provision of equity in its educational programs, services and activities for all students and employees. The Levittown Public School District does not discriminate in employment or in its educational programs and activities against qualified individuals on the basis of race, color, weight, ethnic group, national origin, religion, age, sex, gender identity, sexual orientation or disability.