



**Union City Area School District**

**Discrimination Complaint Reporting Form – Elementary Student**

**Compliance Officer:**

Amy Coleman  
Director of Curriculum and Special Programs  
(814) 438-3804 \*5457 or [acoleman@ucasd.org](mailto:acoleman@ucasd.org)

**Mailing Address:**

107 Concord Street  
Union City, PA 16438

If you have experienced or witnessed discrimination or sexual harassment, please report the incident by completing this form. This completed form can be given to any school staff member, your Principal or to the district's Compliance Officer who is listed above. If you are unable to complete this form, please call the number provided and someone will meet with you.

If you decide to use this form, please type or print all information and use additional pages if more space is needed. An online version of this form, which can be attached and sent via email, can be found at:  
<http://www.ucasd.org/Downloads/Elementary%20Student%20Reporting%20Form.pdf>

Before completing this form please review Policies #103, 103.1, and 104, which can be found at:  
<https://go.boarddocs.com/pa/ucasd/Board.nsf/Public?open&id=policies>.

1. Provide your name and contact information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Anonymous Complaint** – Check this box if you do not wish to give us your name. Please note that the District may not be able to investigate or follow up with you about your complaint if you decide not to give us your name and contact information.

2. Provide the name of the person who was discriminated against (if it wasn't you). If you don't know the person, please describe them

**Name (s):**

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**Building:**

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**Grade (if students)**

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**Description of person (if you don't know the person):**

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3. Provide the name of the person who discriminated against the person in #2. If you don't know the person, please describe them.

**Name (s):**

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**Building:**

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**Grade (if students)**

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**Description of person (if you don't know the person):**

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4. Please describe what happened, where it happened, and when it happened.

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5. What is the most **recent date** you were discriminated against or witnessed someone else be discriminated against?

Date: \_\_\_\_\_

6. Provide the contact information of your parent or legal guardian. This information **is not required**, but it will be helpful to us.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

7. What would you like to happen in this situation?

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8. Please sign and date the Complaint.

Date: \_\_\_\_\_ Signature of Person in Item #2. \_\_\_\_\_

**CONSENT FORM - FOR REVEALING NAME AND PERSONAL INFORMATION TO OTHERS**

(Please print or type except for signature line)

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

Name of Person (s) or Building That You Have Filed This Complaint Against:

\_\_\_\_\_  
\_\_\_\_\_

- This form asks whether Union City Area School District may share your name and other personal information when the District decides that doing so will assist in investigating and resolving your complaint.
- For example, to decide whether a building discriminated against a person, UCASD often needs to reveal that person's name and other personal information to employees at that school to verify facts or get additional information. When that occurs, the District informs the employees that all forms of retaliation against that person and other individuals associated with the person are prohibited. UCASD may also reveal the person's name and personal information during interviews with witnesses and consultations with experts.
- If UCASD is not allowed to reveal your name or personal information as described above, the District may decide to close your complaint if it is determined it is necessary to disclose your name or personal information in order to resolve whether the person (s) or school discriminated against you.

**Please sign section A or section B (but not both) and return to Union City Area School District:**

- If you filed the complaint on behalf of yourself, you should sign this form.
- If you filed the complaint on behalf of another specific person, that other person should sign this form.

**EXCEPTION:** If the complaint was filed on behalf of a specific person who is younger than 18 years old or a legally incompetent adult, this form must be signed by the parent or legal guardian of that person.

- If you filed the complaint on behalf of a class of people, rather than any specific person, you should sign the form.

A. I give Union City Area School District my consent to reveal my identity (and that of my minor child/ward on whose behalf the complaint is filed) to others to further OCR's investigation and enforcement activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

B. I do not give Union City Area School District my consent to reveal my identity (and that of my minor child/ward on whose behalf the complaint is filed) to others. I understand that Cumberland Valley may have to close my complaint.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date