



Union City Area School District

Discrimination Complaint Reporting Form – Secondary Student

Compliance Officer:

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

Office Location:

Union City Area School District – District Office

Mailing Address:

107 Concord Street
Union City, PA 16438

You can report discrimination or sexual harassment by completing this form. This completed form can be given to any school staff member, Principal, or to the district’s Compliance Officer who is listed above. You may also send a letter or e-mail instead of completing this form, but please be sure to include the information in items 1 - 9 and item 12 of this form. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the number provided above to make arrangements for a representative to meet with you at another location.

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/Secondary%20Student%20reporting%20form%20UCASD.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.](https://go.boarddocs.com/pa/ucasd/Board.nsf/Public?open&id=policies)

1. Name of person filing this complaint:

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____

E-mail Address: _____

Anonymous Complaint – Check this box if you wish to remain anonymous. Please note that the District may not be able to investigate or follow up with you regarding your complaint if you decide not to provide your name and contact information.

2. Name of person who was discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

E-mail Address: _____

3. Please identify the person or persons that engaged in the alleged discrimination.

Perpetrator (s):

Building: _____

Grade (if students)

4. The Union City Area School District prohibits discrimination on the basis of race, color, age, creed, religion, sex, sexual orientation, ancestry, national origin, marital status, pregnancy or disability. Please check the appropriate box indicating the basis of your complaint and describe your complaint:

- Discrimination
- Harassment
- Retaliation because you filed a complaint or asserted your rights (specify)
- Unprofessional behavior exhibited by another

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

6. What is the most **recent date** you were discriminated against?

Date: _____

7. If we cannot reach you at your school or home, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

8. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

9. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

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 UCASD 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 Union City Area School District may have to close my complaint.

Signature

Date