



Stamford Public Schools

EXCELLENCE IS THE POINT.

Human Resources

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www.stamfordpublicschools.org

Received: Human Resources Timestamp

Authorized Signature:

Winifred Hamilton, Ph.D.
Superintendent of Schools

Fay T. Ruotolo
Interim Director, Human Resources

Stamford Public Schools Concerns/Complaint Form

Instructions:

Before completing this form please read all instructions, including the Release Statement on page 6.

Please print all responses.

INDIVIDUAL FILING COMPLAINT:

Name: _____

Mailing address: _____

Phone number, home: _____ Phone number, work: _____

Relationship to Stamford Public Schools (parent, teacher, student, etc.) _____

If employee, please complete the following information

Current job title: _____

Department: _____

Work location: _____

How long have you worked for Stamford Public Schools? _____

_____ Yes _____ No

Have you attempted to resolve this matter by discussing it with someone else (administration, management, union, EAP)?

If YES, please provide details: _____

COMPLAINT FILED AGAINST (if a personal complaint/concern—if not, leave blank):

Name: _____

Title: _____

Department: _____ Work location: _____

GENERAL NATURE OF COMPLAINT: *(please check all applicable boxes and provide dates on lines provided)*

Date or timeframe the problem occurred:

on or about _____

If you feel that you have been subject to discrimination, please complete the following:

I believe I have been discriminated against based on one or more of the following:

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age (over 40) |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Color |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion/Creed |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Mental Disability/Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Prior Criminal Record |
| <input type="checkbox"/> Other: _____ | |

Have you filed an official complaint with any other agency or commenced a private legal investigation?

_____ Yes _____ No

If YES, with whom was the action commenced? _____

At what stage is this action? _____

Do you know of additional school community members, employees or applicants of this group (basis of discrimination above) who were treated the same way you allege you or the subject of this complaint were? *If yes, provide names, titles, race, sex, etc., and explain.*

_____ Yes _____ No

3. Please provide the name(s), telephone number and a description of the information that can be provided by any witness you think can provide evidence in support of your charge.

OUTCOME OF THE INVESTIGATION

I would like to see the following resolution as the outcome of the investigation:

CONFIDENTIALITY STATEMENT

The staff of the Stamford Public Schools Human Resources Department strives to maintain the confidentiality of the information obtained during the course of an investigation and in most cases, it will only be divulged on a need-to-know basis. However, some of the records obtained or created during the investigation may be subject to disclosure under the State statute.

I affirm that I have read the preceding information and charge(s) and attest that it is true to the best of my knowledge, information and belief.

I have read and understand the confidentiality statement. I hereby give the Human Resources Department permission to thoroughly investigate my complaint. I understand the information gathered will be kept confidential to the extent possible.

Date Submitted

Signature

Print Name

How/When is the best time to contact you?

Phone No. or other means? _____

Time/day _____