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: __________________________________________________________________

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___________________________________________________________________________________________
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:
☐ Race  ☐ Age (over 40)
☐ Sex  ☐ Color
☐ National Origin  ☐ Religion/Creed
☐ Sexual Orientation  ☐ Physical Disability
☐ Mental Disability/Disorder  ☐ Learning Disability
☐ Marital Status  ☐ Prior Criminal Record
☐ 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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
1. Describe in detail the alleged act(s) indicating dates, places, names and titles of persons involved. Provide sufficient details to assist in investigations. Add additional pages if necessary.

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2. What explanation, if any, was offered for the actions by the respondent?

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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.

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OUTCOME OF THE INVESTIGATION

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

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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