

**DERRY AREA SCHOOL DISTRICT**  
**REPORT FORM FOR COMPLAINTS OF UNLAWFUL DISCRIMINATION**  
**COMPLIANCE OFFICER: ERIC CURRY, ASSISTANT SUPERINTENDENT**  
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**REPORT FORM FOR COMPLAINTS OF UNLAWFUL DISCRIMINATION**

Complainant: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

School Building: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Alleged discrimination was based on: (circle those that apply)

- |            |                     |                    |
|------------|---------------------|--------------------|
| Age        | Handicap/Disability | Race               |
| Ancestry   | Marital Status      | Religion/Creed     |
| Color      | National Origin     | Sex                |
| Disability | Pregnancy           | Sexual Orientation |

Name of person you believe violated the district's unlawful non-discrimination policy:

\_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person:

\_\_\_\_\_

Describe the incident and unwelcome conduct as clearly as possible, including graphic, written, electronic, verbal or nonverbal acts including offensive jokes, slurs, epithets and name-calling, ridicule or mockery, insults or put-downs, offensive objects or pictures, physical assaults or threats, intimidation, or other conduct that may be harmful or humiliating or interfere with a person's school or school-related performance. Attach additional pages if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When and where incident occurred:

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List any witnesses who were present:

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This complaint is based on my honest belief that \_\_\_\_\_ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

/bb  
4/5/2018