

## Discrimination Complaint Form

In accordance with the Newtown Board of Education's Complaint Procedures, any student, parent/guardian, employee or employment applicant who feels that he/she has been discriminated against on the basis of race, color, age, religion, national origin, sex, sexual orientation, gender identity or expression, marital status, genetic information, or disability may discuss and/or file a grievance with the ADA, Title IX, Title VI, Title VII and Section 504 District Compliance Officer of the Newtown Public Schools:

ADA, Title IX, Title VI, Title VII and Section 504 District Compliance Officer  
Jean Evans Davila, Assistant Superintendent  
3 Primrose Street, Newtown, CT 06470  
203-426-7617

**Name of Presenter/Complainant:** \_\_\_\_\_

Circle One:    Employee            Applicant            Student            Parent/Guardian Other (Please Describe) \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone \_\_\_\_\_                      Cell or work Phone: \_\_\_\_\_

You are filing this complaint on behalf of: \_\_\_\_\_

Circle One:    Yourself            Your child or a (student)            another student            a group

School Name: \_\_\_\_\_                      Principal Name: \_\_\_\_\_

Date of Claim \_\_\_\_\_                      Date of Incident \_\_\_\_\_

1. Statement of Incident/Issue (include all pertinent information: who, how, where, when, how often, feelings, witness). You may also attach a statement to this form.

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2. Did you bring this incident/issue to the attention of another employee or person affiliated with the District for resolution of the incident/issue? If so, please describe who you contacted, when you contacted them, their job title or affiliation with the District, and the outcome of that process.

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3. Please describe your desired resolution:

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4. Please attach any additional information/documentation as necessary.

By signing below I declare that the above information is true and accurate to the best of my knowledge. I acknowledge that this information is not meant to slander, defame or otherwise defile any individual(s) listed in this complaint and that any willful misrepresentations may be prosecuted to the fullest extent of the law.

Signature of Presenter: \_\_\_\_\_

Signature of District Coordinator: \_\_\_\_\_ Date Received \_\_\_\_\_

ADA, Title IX, Title VI, Title VII and Section 504 District Compliance Officer  
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Complaints may also be directed to:

Office of Civil Rights  
Boston Regional Office  
Telephone: (617) 289-0111  
Email: [OCR.Boston@ed.gov](mailto:OCR.Boston@ed.gov)  
Fax: (617) 289-0150

Filing Complaints Electronically: <http://www.ed.gov.about/offices/list/ocr/complaintintro.html>