



Essex Regional Educational Services Commission Complaint Form

Name of Complainant: _____ Date: _____
Check One: ___ Student ___ Employee ___ Vendor ___ Parent ___ Visitor
Date of Incident: _____
Location of Incident: _____
Time of Incident: _____

Name of Accused: _____
Check One: ___ Student ___ Employee ___ Vendor ___ Parent ___ Visitor
Name of Witness: _____
Check One: ___ Student ___ Employee ___ Vendor ___ Parent ___ Visitor

Discrimination on the basis of:

(Check all that applies)

___ Race/Color ___ Sex ___ Creed ___ Religion ___ Gender Identity ___ Sexual Orientation
___ Disability ___ Age ___ Sexual Harassment ___ Other: _____

Provide a detailed description of the incident. Include any verbal/derogatory comments and /or gestures:

What relief do you seek?

Print Name: _____

Signature: _____

DISTRICT POLICY AND STATE LAW PROHIBITS RETALIATION AGAINST ALL PARTICIPANTS.