No. 103-AR-0

HAMPTON TOWNSHIP SCHOOL DISTRICT

ADMINISTRATIVE REGULATION APPROVED:

REVISED:

103-AR-0. REPORT FORM FOR STUDENT COMPLAINTS OF DISCRIMINATION

Directions: Please use this form to report complaints of discrimination and return the form to the building principal. If the building principal is the alleged discriminator, please contact the Compliance Officer. If the Compliance Officer is the alleged discriminator, please contact the Superintendent. All contact information is available on page 2 of this form.

Complainant:			
Home Address:			
Home Phone:			
School Building:			
Date of Alleged In	cident(s):		
Alleged discrimina	tion was based o	n (circle those that apply	y):
Race	Color	National Origin	Sex
Age	Disability	Religion	Sexual Orientation
Ancestry	Other:	Religion	
Name of person(s)	you believe viole	ated the district's nondis	scrimination policy:
If the alleged discr	imination was di	rected against another po	erson, identify the other person:
derogatory remark	s, demands, etc.)	and any actions or activ	y verbal statements (i.e. threats, rities. Attach additional pages if
When and where in	ncident(s) occurre	ed. Attach additional pa	ages if necessary:
List any witnesses	who were presen	ıt:	

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If you have additional evidence, please describe attach evidence as appropriate:	e it here. Attach additional pages if necessary and
This complaint is based on my honest belief that against me or another person. I certify that the itrue, correct and complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the best of my known to the second complete to the second com	nformation I have provided in this complaint is
Complainant's Signature (Optional)	Date
Received By	Date
Contact Information:	
Dr. Amy Kern Principal, Central Elementary School kern@ht-sd.org (412) 492-6322	Dr. Colleen Hannagan Principal, Poff Elementary School hannagan@ht-sd.org (412) 492-6336
Dr. Laurie Tocci Principal, Wyland Elementary School tocci@ht-sd.org (412) 492-6346	Mrs. Marlynn Lux Middle School Principal lux@ht-sd.org (412) 492-6357
Dr. Marguerite Imbarlina Principal, Hampton High School imbarlina@ht-sd.org (412) 492-6378	Dr. Rebecca Cunningham Compliance Officer Assistant Superintendent cunningham@ht-sd.org (412) 492-6305

Dr. Michael Loughead Superintendent loughead@ht-sd.org (412) 492-6302