

SUFFIELD PUBLIC SCHOOLS  
Suffield, Connecticut

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**Discrimination Grievance Form**

Any student, parent/guardian, employee or employment applicant who feels that he/she has been discriminated against on the basis of race, color, age, national origin, marital status, sex, sexual orientation, gender identity or expression, or disability may discuss and/or file a grievance with the Title IX Coordinator of the Suffield Public Schools. Reporting should take place 40 calendar days of the alleged discrimination. Title IX Coordinator:

Assistant Superintendent of Curriculum and Instruction  
(860) 668-3806

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

Employee \_\_\_\_\_ Employment Applicant \_\_\_\_\_ Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

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

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

1. Statement of Incident/Issue (include all pertinent information: who, how, where, when, how often, feelings, witness).
2. Please attach any additional information/documentation as necessary.

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

Signature of Title IX Coordinator: \_\_\_\_\_

Date Received: \_\_\_\_\_

*Forms are available from the Title IX Coordinator,  
Administrators and Guidance Offices.*