What to Do When Your Child is Bullied or Harassed

A Parent’s Guide to Advocacy in Pennsylvania Public Schools

EDUCATION LAW CENTER
ABOUT ELC

Education Law Center-PA (ELC) is a nonprofit, legal advocacy organization with offices in Philadelphia and Pittsburgh dedicated to ensuring access to a quality public education for all children in Pennsylvania.

Through legal representation, impact litigation, policy advocacy, and community engagement, ELC advances the rights of underserved children, including children living in poverty, children of color, children with disabilities, English learners, children in the foster care and juvenile justice systems, LGBTQ youth, and children experiencing homelessness.

ACKNOWLEDGMENTS

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ELC would also like to thank all of the young people, youth-serving professionals and organizations, and intake callers who told us that parents in Pennsylvania need more tools to address bullying and harassment.

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<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction and Quick Reference to Advocacy Tips ........................................... 4</td>
</tr>
<tr>
<td>How Do I Know if My Child’s Experience Qualifies as Bullying or Harassment? ................................................................. 6</td>
</tr>
<tr>
<td>• Differences Between Bullying and Harassment .................................. 6</td>
</tr>
<tr>
<td>• What is a Protected Class? ................................................................. 6</td>
</tr>
<tr>
<td>HARASSMENT</td>
</tr>
<tr>
<td>What Can I do if My Child is Being Harassed? .......................................................... 8</td>
</tr>
<tr>
<td>• Harassment of Students with Disabilities .......................................................... 9</td>
</tr>
<tr>
<td>• Harassment on the Basis of Other Protected Classes (race, national origin, sex, gender identity, sexual orientation, religion) ................................................................. 11</td>
</tr>
<tr>
<td>· Philadelphia .................................................................................................. 11</td>
</tr>
<tr>
<td>· Other Pennsylvania School Districts .................................................................. 14</td>
</tr>
<tr>
<td>BULLYING</td>
</tr>
<tr>
<td>What Can I do if My Child is Being Bullied? ............................................................. 17</td>
</tr>
<tr>
<td>· Philadelphia .................................................................................................. 18</td>
</tr>
<tr>
<td>· Other Pennsylvania School Districts .................................................................. 19</td>
</tr>
<tr>
<td>APPENDICES</td>
</tr>
<tr>
<td>Advocacy Tools and Sample Documents</td>
</tr>
<tr>
<td>A. Model Safety Plan</td>
</tr>
<tr>
<td>B. Safety Plan Options: Items to consider adding to a safety plan</td>
</tr>
<tr>
<td>C. Template for Keeping Records of Bullying/Harassment Incidents</td>
</tr>
<tr>
<td>D. Sample Letter: Requesting a team meeting to address bullying</td>
</tr>
<tr>
<td>E. Sample Letter: Requesting child be evaluated for special education</td>
</tr>
<tr>
<td>F. Sample Letter: Requesting child be re-evaluated because not making progress in special education</td>
</tr>
<tr>
<td>G. List of organizations that could help advocate in the special education process</td>
</tr>
<tr>
<td>H. Sample Letter: Requesting an investigation</td>
</tr>
<tr>
<td>I. Template for Appealing a School’s Decision after Bullying/Harassment Investigation (Copy of the School District of Philadelphia’s form &amp; letter for other districts)</td>
</tr>
<tr>
<td>J. Guidance for Testimony to a School Board</td>
</tr>
<tr>
<td>K. Philadelphia Commission on Human Relations Intake Form</td>
</tr>
<tr>
<td>L. Pennsylvania Human Relations Commission Discrimination Questionnaire</td>
</tr>
<tr>
<td>M. U.S. Department of Education Office of Civil Rights Complaint Form</td>
</tr>
</tbody>
</table>
INTRODUCTION

Bullying and harassment are pervasive problems in Pennsylvania, the United States, and even globally.¹ Students who are bullied are at increased risk of experiencing health problems, academic struggles, and more frequently drop out of school.²

If the school knows that a current student is being bullied or harassed by another student at school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school, the school has a legal duty to investigate and take action to keep your child safe. The school should also provide your child supports and interventions when bullying or harassment occurs outside of school (including on social media) if it is substantially interfering with your child’s education or causing a threatening environment. This guide offers suggested steps to ensure the school fulfills these duties.

The Guide is organized by geographic areas, because the legal options to complain about harassment can vary depending on where you live. So for example, you can turn directly to the pages that cover Philadelphia if your child attends a School District of Philadelphia or charter school in Philadelphia.

WHAT THIS GUIDE COVERS
This guide describes the rights of students and legal duties of public schools in Pennsylvania, including charter schools. It does not cover students who are in a private school and are placed there by a guardian. If your child has a disability and was placed at a private school through a public school, your child has additional rights and you should call Education Law Center for advice at 215-238-6970.
QUICK REFERENCE: BASIC ADVOCACY TIPS

The most important thing is to report bullying promptly and take good notes regarding bullying incidents and communications with your school. You can keep records for yourself in a notebook, on your phone, or on your computer. Your notes should include:

- dates when your child is bullied or harassed
- who the students targeting your child are (if possible, keep records of names and grades)
- what the other students say or do to your child (include any pictures of physical injury caused by the bullies, as well as any medical records)
- where the bullying happened
- who saw the bullying
- who your child told about the bullying
- when you report the bullying and who you report it to, and what they say.

- Always keep copies of any letters, reports, or other materials you receive or give to school officials. You can create a separate folder in your email to save messages to and from the school staff. You can also take a picture of hard-copy documents and email them to yourself to save them in your email-folder.

- Would your child benefit from emotional or mental health support? If your child is feeling down, sad, anxious, is fearful of going to school, is having thoughts of hurting herself or death by suicide, or is having other mental health struggles, you should consider arranging for counseling or therapy for your child. You should also keep records of your child’s counseling or therapy visits to show how the bullying or harassment has affected your child. If your child is diagnosed with a mental health condition, you can ask for a special education plan or 504 Plan to address the bullying or harassment. Directions for how to ask for a special education plan are on page 9, and you can find factsheets about 504 Plans on ELC’s website.

- School Meetings
  - Before you go to a school meeting, write up a list of issues you would like to discuss and determine what you want the school to do. Appendix B has a list of possible actions you could ask the school to take.
  - When you attend school meetings, ask each person at the meeting to tell you their name and position—and keep notes.
  - Make sure to ask questions if you don’t understand something.
  - Don’t sign anything that you don’t understand. You can always take papers home to read before you sign them.
  - If you do not receive anything in writing at the meeting, send an email or a letter afterwards that gives a summary of everything you talked about and everything that the school agreed to.

Follow-up with school officials. If a school official has agreed to do something, make sure it gets done. Be persistent and respectful.
HOW DO I KNOW IF MY CHILD’S EXPERIENCE QUALIFIES AS BULLYING OR HARASSMENT?
The Difference Between Bullying and Harassment

BULLYING
In Pennsylvania, your child meets the legal definition of being bullied if all of the following boxes can be checked:

- Another student or group of students did something or said something highly offensive to your child;
- The other student did what they did to your child on purpose ("intentional" act);
- The other student’s action(s) took place in school, on school property, at a bus stop, or at a school event;
- The other student’s actions targeting your child are: severe, something that many students do to your child or that happens often to students in your child’s school, and/or something that the student did to your child repeatedly; and
- What the other student or students did is so significant that it makes a big difference in your child’s education, creates a threatening environment for your child, or keeps the school from running normally.

The key difference between bullying and harassment is why other students are targeting your child.

HARASSMENT
If other students are targeting your child because s/he is a member of a "protected class" (defined below), then your child may be experiencing harassment. Sometimes the insults or language a student uses can signal that they are targeting your child because of traits of a protected class.

What is a Protected Class?
A protected class is a group of people for whom our civil rights laws provide protections because they have been historically discriminated against and treated unfairly. The legal options to complain about harassment can vary depending on where you live, so this Guide is divided into geographic regions when needed to describe which classes are protected in different areas.

Under Pennsylvania and federal laws, schools must try to stop the harassment if your child is being targeted because of one or more of the following protected classes:

- Ancestry
- Color
- Disability
- National Origin including immigration status and limited English proficiency
- Race
- Religion
- Sex, which includes:
  - Gender
  - Gender Identity
  - Gender Expression
  - Sexual Orientation
  - Sexual Harassment (including unwelcome conduct of a sexual nature, including sexual advances, talking about or requesting sex acts, unwanted sexual contact, and sexual violence including rape)
- Use of a Support Animal

In Philadelphia, in addition to the groups of people listed for Pennsylvania and federal protections, schools must try to stop the harassment if students are targeted because of one of the following protected classes:

- Breastfeeding parent
- Survivor of sexual violence
- Familial status (meaning discrimination against a student because they care for a family member) or
- Marital status (meaning discrimination because a student is not married, married, separated, divorced, or widowed)
In Pittsburgh and Allegheny County, in addition to the groups listed for Pennsylvania and federal protections, students may be in a protected class because of:

- Family status (including discrimination because the student is pregnant, trying to get custody of someone under the age of 18, or because of the guardian the student lives with), or
- Marital status.¹⁴

Other geographic areas. If you live outside of Philadelphia and Allegheny County, you should check your local city or county antidiscrimination law (called an “ordinance”) to see what it lists as a protected class.

School district protected classes. School districts are required to publicly post their anti-harassment policies. You should look up the anti-harassment policy of your school district’s website or in the Code of Conduct to review which protected classes the school district identifies, because your district may include more protected classes than what is listed above. For example, in addition to the above classes, the School District of Philadelphia also lists English language proficiency, socioeconomic status, and political beliefs as protected classes.¹⁵

The actions and statements targeting your child may reference a protected class.

For example, if your child has an intellectual or learning disability, and bullies call your child “dumb,” “stupid,” or a slur related to her disability, that could be a sign your child is being harassed because of her disability.

If your child is a boy and is called anti-gay slurs, “sissy,” or is compared to girls in a derogatory way, that is a sign your child is being harassed because of what the bullies think about his gender or sexual orientation. Racial slurs are also signs of harassment.

Sexual harassment can include “unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.”¹⁶ Sexual harassment falls under the “sex” protected class, no matter your child’s gender or the gender of the students who are targeting them. Common signs of sexual harassment include if another student makes sexual advances toward your child in a way that makes her uncomfortable or tries to touch your child in a way that is inappropriate. It is also a sign of sexual harassment if students are targeting your child with comments suggesting she is sexually active, including “slut,” “whore,” “call Lea for a good time.”

In some cases, children are harassed because of multiple protected classes, such as race and gender. No matter if the harassment is on the basis of one class or several, schools are required under law to treat harassment especially seriously.
What Can I Do if My Child is Harassed?

First, identify what about your child the other student(s) are focusing on. What are the comments or insults the bully uses to target your child? For example, do the comments relate to your child’s race, disability, or religion?

Second, determine if the other student(s)’ focus counts as a protected class where you live. Page 6–7 explains protected classes in different geographic areas of Pennsylvania. (If the bully’s actions are not based on a protected class category, follow the advocacy steps described for bullying, at page 17.)

Your child may be harassed because of multiple protected classes, for instance if your child is a Black girl, students may be harassing her because of both her race and her sex.

If your child is harassed because of more than one protected class, make sure to note each of her protected classes when reporting that your child is being harassed. If your child has an IEP, we recommend following the steps on page 9, even if the harassment is not based on her disability, because the structure and federal rights in the IEP process are good protections.
If your child has a disability and is bullied or harassed, the harassment must be addressed in their IEP or 504 plan. Students with disabilities have the right to free appropriate public education (“FAPE”), and harassment or bullying that interferes with the child’s ability to attend school or focus and make progress in school may be a legal denial of the child’s special education rights. You may be entitled to compensatory education (money or services to help your child catch up in school) if the school did not try and stop the bullying when they should have. Read ELC’s special education guide for more information.

1. KEEP DETAILED RECORDS
As with all instances of bullying and harassment, you should make sure to keep detailed records. You can keep records for yourself in a notebook, on your phone, or on your computer. Your notes should include:
- dates when your child is harassed
- who the students targeting your child are (if possible, keep records of names and grades)
- what the other students say or do to your child (include any pictures of physical injury caused by the bullies, as well as any medical records)
- where the harassment happened
- who saw the harassment
- who your child told about the harassment
- when you report the harassment and who you report it to
- your child’s ideas on what would help make school better for them, to share with the school.

2. ASK THE SCHOOL TO TAKE ACTION
If your child already has an IEP or 504 plan, you should state in any complaint form that your child is a student with disabilities and request an “emergency” team meeting—in writing—to address the bullying or harassment. In your description, describe the specifics and reasons for your child’s harassment. To request a team meeting, you should send an email or letter to your principal and director of special education. Make sure to keep a copy of your letter. A sample letter or email may be found in Appendix D.

If your child does not have an IEP or 504 plan but you think that they need one, you can request for your child to be evaluated and that the harassment be addressed as part of the evaluation. To request an evaluation, you should send an email or letter to your principal and director of special education. You should also reference your request for an evaluation in any bullying complaint form. Make sure to keep copies of your letter. A sample letter may be found in Appendix E.

If your child has been struggling to report the bullying, you may request that the IEP team create a goal for developing self-advocacy skills.

If your child is in immediate danger at school, your letter should state that and should ask that the evaluation be completed on an expedited (faster) timeline. While you wait for the evaluation, you can also ask for an interim plan to keep your child safe (or “safety plan”). See Appendix B for tips about safety plans.

ELC’s special education guide provides more detail about the evaluation process.
3. PARTICIPATE IN THE EVALUATION OR TEAM MEETING

Before the evaluation or team meeting, it may be helpful to have a doctor or psychologist evaluate your child. If your child has developed anxiety or other mental distress since she has been targeted, you should get a letter from your doctor noting those diagnoses and any recommendations for how the school can help. You should also seek your doctor’s opinion about what other disabilities your child may have and what your doctor thinks the school should do to address your child’s needs. If you bring a letter or note from your doctor to the evaluation and the team meetings, the school will consider that information in the special education plan.

You should also think about what specific help for harassment may be useful for your child. See Appendix A and B for a sample plan to keep your child safe (or “safety plan”) and a list of things you can ask your school to do to address the harassment.

You are allowed to bring an advocate with you to meetings with the school. You may also want an advocate with you at team meetings or when the school informs you of the results of the evaluation. Appendix G lists advocacy organizations that may be able to send someone to attend those meetings. You can also hire a private attorney.

If you do not agree with the outcome of the evaluation or team meeting, review Chapter 12 of ELC’s special education guide for a list of next steps.
1. **KEEP DETAILED RECORDS**

As with all instances of bullying and harassment, you should make sure to keep detailed records. You may keep records for yourself in a notebook, on your phone, or on your computer. Your notes should include:

- dates when your child is harassed
- who the students targeting your child are (if possible, keep records of names and grades)
- what the other students say or do to your child (include any pictures of physical injury caused by the bullies, as well as any medical records)
- where the harassment happened
- who saw the harassment
- who your child told about the harassment
- when you report the harassment and who you report it to
- your child’s ideas on what would help make school better for them, to share with the school.

ELC recommends sending a written complaint every time your child is harassed in school. If you are filling out an online form, you should keep a copy (print or take a photo of the screen) in case the online form does not send you a copy by email. If you called with a complaint, make a note of the date you called and who you spoke to.

If you are worried about your child’s safety while the school investigates the harassment, you should email or write a letter to your principal asking for an emergency meeting to create a plan to ensure your child’s safety (or "safety plan") until the investigation is completed. See Appendix B for a list of suggestions of measures that could go in a safety plan.

2. **ASK THE SCHOOL TO TAKE ACTION**

In the School District of Philadelphia, you can ask for a harassment investigation to be completed – by letter or email to the principal and/or notifying the school district by filling out an **online complaint**. If you do not have access to the internet, you can notify the district by calling 215-400-4000.

In a Philadelphia charter school, you should follow the instructions in the school’s handbook or website for making a complaint about bullying or harassment. If the charter’s policy is not clear, you should write a letter or email to the principal.

School District of Philadelphia

The School District of Philadelphia policy suggests that you should get a response to your request for an investigation within 7 school days unless your school has informed you it needs additional time. If you have not heard back from your school or the district within 7 days, you should contact the Office of Climate and Safety at the School District of Philadelphia by calling 215-400-4000. You can
also send your principal a letter or an email asking for an update on the harassment investigation. You should keep a copy of the letter or email. If you do not receive a response within 14 school days, consider moving on to other forms of advocacy.

If you received a response from your school or the district about your harassment complaint, but you are unhappy that they either 1) did not find that your child was harassed or 2) found that your child was harassed but are not addressing the harassment appropriately, you should first meet with your principal to share your concerns. If the meeting with the principal does not resolve your concerns, you can file an appeal within 15 calendar days of getting the results of the investigation. You can appeal the results of the investigation by submitting an appeal (see a template of an appeal letter in Appendix I) and sending it to the District’s Title IX coordinator (address below). The Coordinator should respond to your appeal within 15 days. If the Coordinator does not respond, or the response does not resolve the issue, consider moving on to other advocacy options.

For a Philadelphia charter school: Meetings of the board of directors for the charter school should be publicly posted on the school’s website. You can also ask the school staff when the board meets and how you can sign up to speak at the board meeting. If you cannot find information about speaking at a board meeting for your charter school, call the School District of Philadelphia’s Charter School Office and ask them for help. You can contact the Charter School Office by emailing charters@philasd.org, calling 215-400-4090, or going in person to 440 North Broad Street, first floor, suite 102.

You do not have to wait to testify to the school board before filing a complaint with an outside agency (see step below). You can plan to talk to the school board at the same time you are filing a complaint with an outside agency or file a complaint without ever testifying before the school board. However, ELC recommends testifying before the school board first because a school board can move faster to address your concerns than an outside agency.

5. FILE A COMPLAINT WITH AN OUTSIDE AGENCY

As with all school districts in Pennsylvania, you have the option of submitting a complaint regarding harassment to the state civil rights agency, the Pennsylvania Human Relations Commission (PHRC), and/or to the U.S. Department of Education’s Office of Civil Rights (OCR). Directions for how to file a complaint with the PHRC are on page 15 and directions for how to file a complaint with OCR are on page 16.

In Philadelphia, you can also submit a complaint to the Philadelphia Commission on Human Relations (PCHR). You are allowed to submit a complaint to any or all of these agencies at the same time. However, it is possible that only one agency will investigate your complaint.
Filing a Complaint with the Philadelphia Commission on Human Relations

- **Types of Harassment Cases You Can Take to the PCHR**
  - You can file a complaint with the Philadelphia Commission on Human Relations if your child was discriminated against because of their ancestry, color, disability, status as a survivor of domestic or sexual violence, ethnicity, familial status, gender identity, marital status, national origin, race, religion, sex, or sexual orientation. Sex discrimination includes discrimination involving discrimination based on pregnancy or childbirth.

- **How to Ask the PCHR to Investigate**
  - PCHR can investigate your child’s harassment if students have targeted your child within the last 300 days. You can ask the PCHR to investigate your child’s harassment by filling out an intake form, which can be found in Appendix K. Public schools are considered “public accommodations,” so you should fill out the public accommodations form.
  - After you fill out the form, you should fax, mail, or bring it in person to the PCHR (see address below). After they have received your form, they will schedule a meeting with you to discuss if they can help you.

**Philadelphia Commission on Human Relations**

601 Walnut Street, Suite 300 South
Philadelphia, PA 19106
Phone: 215-686-4670
Fax: 215-686-4684
1. KEEP DETAILED RECORDS
As with all instances of bullying and harassment, you should make sure to keep detailed records. You can keep records for yourself in a notebook, on your phone, or on your computer. Your notes should include:

- dates when your child is harassed
- who the students targeting your child are (if possible, keep records of names and grades)
- what the other students say or do to your child (include any pictures of physical injury caused by the bullies, as well as any medical records)
- where the harassment happened
- who saw the harassment
- who your child told about the harassment
- when you report the harassment and who you report it to
- your child’s ideas on what would help make school better for them, to share with the school.

2. ASK THE SCHOOL TO TAKE ACTION
You should find your school district’s bullying and harassment policy. The policy should be located on your school’s website, either in its own section or in the district’s Code of Conduct. If you cannot find it online, you should be able to call your school and request a copy. In that policy, it will list a staff member who is in charge of bullying and harassment issues.

Once you know the staff person who is supposed to be in charge of harassment issues, you can send the email or letter to the principal. Make sure to save a copy of whatever you send. In the email or letter, you should describe the harassment and explain that you think your child is being harassed because of their protected class(es). You can use our sample letter in Appendix H.

If you are worried about your child’s safety while the school investigates the harassment, you should include in your email or letter to your principal a request for an emergency meeting to create a plan to ensure your child’s safety (or “safety plan”) until the investigation is completed. See Appendix A and B for a sample safety plan and list of suggestions of measures that could go in a safety plan.

Charter Schools
You should follow the instructions in the school’s handbook or website for making a complaint about bullying or harassment. If the policy is not clear, you should write a letter or email to the principal.

3. FOLLOW UP
Your school’s harassment policy should describe how long it will take your school to investigate. If your school does not complete an investigation within that time frame, you should write an email or letter to your superintendent and your school board. Keep a copy of whatever you send. If the school still does not complete an investigation, consider moving on to other advocacy options.

If your school completed an investigation into the
harassment and either did not find that your child was harassed or did not take appropriate steps to make sure your student will not be harassed again, you can follow your school district’s appeal process if they have one. The appeal process may be explained in the bullying or harassment policy, though it could also be listed in a separate appeal policy.

Charter Schools

Each charter school may have its own policy for appealing the investigation and finding of a harassment complaint. Follow the instructions in your charter school’s policy. If the policy is not clear, write a letter to the Executive Director or Board of Directors of your charter school.

4. TESTIFY BEFORE THE SCHOOL BOARD

If the school or district is not helpful in stopping the harassment, you can speak to the school board to inform them of your child’s experience and ask them to step in. You should register to speak at the board meeting ahead of time. You should confirm the length of time you are allowed to speak as well as how many copies of your statement to bring. See Appendix J for guidance about how to speak to the board.

You do not have to wait to testify before the school board before filing a complaint with an outside agency. You can plan to talk to the school board at the same time you are filing a complaint with an outside agency or file a complaint without every testifying before the school board. However, ELC recommends testifying before the school board first because a school board can move faster to address your concerns than an outside agency.

5. FILE A COMPLAINT WITH AN OUTSIDE AGENCY

In all school districts in Pennsylvania, you have the option of submitting a complaint regarding harassment to the state civil rights agency, the Pennsylvania Human Relations Commission (PHRC), and/or to the U.S. Department of Education’s Office of Civil Rights (OCR). You can submit a complaint with either or both agencies. You should also look up whether your city or county has its own civil rights agency, or human relations commission. However, it is possible that only one agency will investigate your complaint.

Filing a Complaint with the Pennsylvania Human Relations Commission (PHRC)

- Types of Harassment Cases You Can Take to the PHRC
  - You can file a complaint with the PHRC if your child was discriminated against because of their race, color, sex, ancestry, national origin, religion, disability, or the use of guide or support animals for disability.
  - You can also file a complaint with the PHRC if your child was sexually harassed or harassed because of their sexual orientation or gender identity.

- Your child must have experienced harassment within the past 180 days for the PHRC to consider your complaint.

- How to Ask the PHRC to Investigate
  - You can file a complaint with the PHRC by first filling out the education discrimination questionnaire, which can be found in Appendix L. You can either mail the questionnaire into your local PHRC office or you can file it in person at your PHRC office. The local offices are listed below.


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<tr>
<td>333 Market Street, 8th Floor</td>
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<tr>
<td>Harrisburg, PA 17101-2210</td>
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<td>717-787-9780</td>
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<td>717-787-7279 TTY users only</td>
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Filing a Complaint with the Federal Government through the Office of Civil Rights

• Types of Harassment Cases You Can Take to the OCR
  • You can file a complaint with the U.S. Department of Education’s Office of Civil Rights if your child was discriminated against because of their race, color, national origin, ethnicity, or ancestry. This includes if your child is harassed because they are an English learner or because your child is Hindu, Jewish, Muslim, or Sikh. You may also file a complaint if your child was harassed because of their sex. Sex-based harassment includes harassment because of your child’s sexual orientation, because they do not act like a stereotypical boy or girl, or because they are or are not pregnant or a parent.

• While the OCR used to take cases relating to harassment because a child is transgender, under the Trump Administration, the OCR has stopped investigating many of those claims. If your child is being harassed because they are transgender, nonbinary, or gender-nonconforming, you may submit a complaint to the PHRC and/or your local human relations agency if your local ordinance protects transgender people.

• How to Ask the OCR to Investigate
  • You can ask the OCR to investigate if your child was harassed and the school failed to respond within the last 180 days. You can submit a complaint form online or by mail (a copy is in Appendix M). If OCR needs information from you, they will contact you. Make sure to respond to any requests from OCR within 14 calendar days. More information on the process can be found on the OCR’s website.
What Can I Do if My Child is Bullied?

If your child’s experiences include all of the factors below but your child is not being targeted because of a protected class (listed on page 6–7), then your child may be experiencing bullying, not harassment.

In Pennsylvania, your child meets the legal definition of being bullied if all of the following boxes can be checked:

- Another student or group of students did something or said something highly offensive to your child;
- The other student did what they did to your child on purpose (“intentional” act);
- The other student’s action(s) took place in school, on school property, at a bus stop, or at a school event;
- The other student’s actions targeting your child are: severe, something that many students do to your child or that happens often to students in your child’s school, and/or something that the student did to your child repeatedly; and
- What the other student or students did is so significant that it makes a big difference in your child’s education, creates a threatening environment for your child, or keeps the school from running normally.  

We recommend that you follow these advocacy steps to collect clear records of the incidents and harm caused to your child, and always make your requests for help in writing when asking your school to address the bullying.
1. KEEP DETAILED RECORDS
As with all instances of bullying and harassment, you should make sure to keep detailed records. You can keep records for yourself in a notebook, on your phone, or on your computer. Your notes should include:

- dates when your child is bullied
- who the students targeting your child are (if possible, keep records of names and grades)
- what the other students say or do to your child (include any pictures of physical injury caused by the bullies, as well as any medical records)
- where the bullying happened
- who saw the bullying
- who your child told about the bullying
- when you report the bullying and who you report it to
- your child’s ideas on what would help make school better for them, to share with the school.

2. ASK THE SCHOOL TO TAKE ACTION
In Philadelphia, you can request an investigation into your child’s bullying by writing to the principal and/or notifying the school district by filling out an online form that is submitted to the District. If you do not have access to the internet, you can tell the school district by calling 215-400-4000 to make a report.

You should make a complaint—whether through the online form or by email or letter to the principal—every day that your child is bullied in school. If you are filling out the form online, you should keep the copy of the form that is sent to your email. If you called in your complaint, make a note of the date you called and who you spoke to.

If you are worried about your child’s safety while the school investigates the bullying, you should email or write a letter to your principal asking for an emergency meeting to create a plan to ensure your child’s safety (or “safety plan”) until the investigation is completed. See Appendix A and B for a model safety plan and a list of suggestions of measures that could go in a safety plan.

3. FOLLOW UP
If your child continues to be bullied, you should submit another complaint for each day your child is bullied.

You should get a response to your request for an investigation within 7 school days. If you do not hear back from your school or the District within 7 days, you should inform the District by calling 215-400-4000. You should also send your principal a letter or an email asking for an update on the bullying investigation. You should keep a copy of the letter or email. If you do not receive a response within 14 school days, you should consider moving on to other advocacy options.

If you received a response from your school or the District about your harassment complaint, but you are unhappy that they either 1) did not find that your child was bullied or 2) found that your child was bullied but are not addressing the bullying appropriately, you should meet with your principal to express your concerns.

If a meeting with the principal does not resolve your concerns, you can file an appeal within 15 calendar days of getting the results of the investigation. You can appeal the results of the investigation by filling out the appeal form (see Appendix I) and giving it to the district, either in person or via email. The district should get back to you within 21 school days. Make sure to keep a copy of your appeal. If you do not get a response within 21 days or if you do not like the results of your appeal, you can consider moving on to other advocacy options.

4. TESTIFY BEFORE THE SCHOOL BOARD
If the District is not helpful in getting your school to stop your child’s bullying, you can speak to the school board to tell them about your child’s experience. You can register to speak at an Action Meeting or a Student Achievement and Support Committee Meeting. You can register to speak at an Action Meeting by filling out an online form or calling 215-400-5959. You can register to speak at a Student Achievement and Support Committee Meeting by filling out a form or calling 215-400-4010. You should plan to speak for 3 minutes or less at the meeting. You should also bring a copy of what you are planning to say to the board. For guidance about how you could prepare remarks to give to the board, see Appendix J.
1. KEEP DETAILED RECORDS
As with all instances of bullying and harassment, you should make sure to keep detailed records. You can keep records for yourself in a notebook, on your phone, or on your computer. Your notes should include:

- dates when your child is bullied
- who the students targeting your child are (if possible, keep records of names and grades)
- what the other students say or do to your child (include any pictures of physical injury caused by the bullies, as well as any medical records)
- where the bullying happened
- who saw the bullying
- who your child told about the bullying
- when you report the bullying and who you report it to
- your child’s ideas on what would help make school better for them, to share with the school.

2. ASK THE SCHOOL TO TAKE ACTION
You should read your school district’s bullying and harassment policy. That policy should be on your school’s website, either in its own section or in the district’s Code of Conduct. If you cannot find it online, you should be able to call your school and request a copy. The policy will list a staff member who is in charge of bullying and harassment issues.

Once you identify the staff person who is supposed to be in charge of bullying issues, you should send that person, your principal, and your superintendent an email or letter requesting an investigation. If you cannot find the person who is supposed to be in charge of bullying issues, you can send the email or letter to the principal and superintendent. Make sure to save a copy of whatever you send. In the email or letter, you should describe the bullying, including who your child is being bullied by and what the other students have done or said to your child. You can use our sample letter in Appendix H.

If you are worried about your child's safety while the school investigates the bullying, you should include in your email or letter to your principal a request for an emergency meeting to create a plan to ensure your student’s safety (or “safety plan”) until the investigation is completed. See Appendix A and B for a sample safety plan and a list of suggestions of measures that could go in a safety plan.

**Charter Schools**
You should follow the instructions in the school’s handbook or website for making a complaint about bullying or harassment. If the policy is not clear, you should write a letter or email to the principal.

3. FOLLOW UP
Your school’s bullying and harassment policy should say how long the school can take to investigate. If your school does not complete an investigation in that timeline, you should notify your superintendent and your school board. You should either email or send a letter to the superintendent and the school board and keep a copy of whatever you send. If the school still does not complete an investigation, consider moving on to other advocacy options.

If your school completed an investigation into the bullying and either 1) did not find that your child was bullied or 2) did not take appropriate steps to make sure your student will not be bullied again, you can follow your school district’s appeal process if they have one. If they do not have an appeal process or if the appeal process is not helpful to you, consider moving on to other advocacy options.

**Charter Schools**
Each charter school may have its own policy for appealing the investigation and finding of a bullying complaint. Follow the instructions in your charter school’s policy. If the policy is not clear, write a letter to the Executive Director or Board of Directors of your charter school.
4. TESTIFY BEFORE THE SCHOOL BOARD

If the school or district is not helpful in stopping the bullying, you can speak to the school board to inform them of your child’s experience and ask them to step in. Most districts will ask speakers to register before the meeting and to limit remarks to a certain length of time. You should look up your school board’s requirements to speak at a meeting. See Appendix J for guidance about how to prepare to speak to the board.
1 See e.g., GLSEN, School Climate in Pennsylvania 1 (2019) (reporting that LGBTQ students experience high rates of harassment in Pennsylvania schools); National Bullying Prevention Center — Bullying Statistics, https://www.pacer.org/bullying/resources/stats.asp (last visited May 11, 2019) (“More than one out of every five (20.8%) students report being bullied.”).

2 See Preventing Bullying through Science, Policy, and Practice 115-29 (Frederick Rivara & Suzanne Le Menestrel eds., 2016) (finding that students who are bullied are more likely to experience depression, anxiety, and feelings of loneliness); Jaana Juvonon, et al., Bullying Experiences and Compromised Academic Progress Across Middle School Grades, 31 J. OF EARLY ADOLESCENCE 152, 167 (2011) (noting how poor academic performance may manifest for bullied youth).

3 24 Pa. Stat. Ann. § 13-1303.1-A (West) (“For purposes of this article, ‘bullying’ shall mean an intentional electronic, written, verbal or physical act, or a series of acts; (1) directed at another student or students; (2) which occurs in a school setting; (3) that is severe, persistent or pervasive; and (4) that has the effect of doing any of the following: (i) substantially interfering with a student’s education; (ii) creating a threatening environment; or (iii) substantially disrupting the orderly operation of the school; and ‘school setting’ shall mean in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school.”). Note that under the state law, a school has the ability to define bullying under their school policy as encompassing acts that do not occur in a “school setting.” Id.


10 20 U.S.C.A. § 1481 (West); 43 Pa. Stat. Ann. § 955 (West). Gender identity is “a] external manifestations of gender, expressed through a person’s name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics.” GLAAD, GLAAD Media Reference Guide — Transgender, http://www.glaad.org/reference/transgender (last visited May 9, 2019). Gender identity is “a] person’s internal, deeply held sense of their gender. For transgender people, their own internal gender identity does not match the sex they were assigned at birth. Most people have a gender identity of man or woman (or boy or girl). For some people, their gender identity does not fit neatly into one of those two choices.” Id. Sexual orientation “[d]escribes a person’s enduring physical, romantic, and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. Transgender people may be straight, lesbian, gay, bisexual, or queer. For example, a person who transitions from male to female and is attracted solely to men would typically identify as a straight woman.” Id.


17 See The School Dist. of Phila., No. 248, 4 (2018) (“Explanatory circumstances for not being able to comply with the deadline must be approved by the Title IX Deputy Coordinator. The extension must be a specified period of time not exceeding fourteen (14) days, and must be communicated to the complainant.”); The School Dist. of Phila., Bullying & Harassment: Office of Climate & Safety, https://www.philasd.org/bullying/ (last visited Dec. 14, 2018) (stating that, after a complainant fills out the bullying and harassment form, “[w]e promise to be back in touch within 7 school days”).


19 Id. at 5.


21 Id.


25 Id.

26 Id.

27 Id.


30 24 Pa. Stat. Ann. § 13-1303.1-A (West) (“For purposes of this article, ‘bullying’ shall mean an intentional electronic, written, verbal or physical act, or a series of acts; (1) directed at another student or students; (2) which occurs in a school setting; (3) that is severe, persistent or pervasive; and (4) that has the effect of doing any of the following: (i) substantially interfering with a student’s education; (ii) creating a threatening environment; or (iii) substantially disrupting the orderly operation of the school; and ‘school setting’ shall mean in the school, on school grounds, in school vehicles, at a designated bus stop or at any activity sponsored, supervised or sanctioned by the school.”). Note that under the state law, a school has the ability to define bullying under their school policy as encompassing acts that do not occur in a “school setting.” Id.
APPENDICES
Advocacy Tools and Sample Documents

A. Model Safety Plan
B. Safety Plan Options: Items to consider adding to a safety plan
C. Template for Keeping Records of Bullying/Harassment Incidents
D. Sample Letter: Requesting a team meeting to address bullying
E. Sample Letter: Requesting child be evaluated for special education
F. Sample Letter: Requesting child be re-evaluated because not making progress in special education
G. List of organizations that could help advocate in the special education process
H. Sample Letter: Requesting an investigation
I. Template for Appealing a School’s Decision after Bullying/Harassment Investigation (Copy of the School District of Philadelphia’s form & letter for other districts)
J. Guidance for Testimony to a School Board
K. Philadelphia Commission on Human Relations Intake Form
L. Pennsylvania Human Relations Commission Discrimination Questionnaire
M. U.S. Department of Education Office of Civil Rights Complaint Form
The following safety plan has been developed for the student named above. The sample interventions offered are not intended to be exclusive or all-inclusive. Schools should design a Student Safety Plan that reflects their unique circumstances and resources. This plan does NOT replace an IEP or a Behavior Support Plan. If the student has an IEP, then defer to that plan.

Note: Administrative staff should develop this plan with the student experiencing bullying/harassment, in an effort to empower them and keep them safe. A safety plan needs to be individualized, as every student who has experienced bullying/harassment has unique needs and challenges.

A. BACKGROUND

Brief description of the bullying/harassment student has experienced ______________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
How long has the conduct been taking place? _________________________________________
______________________________________________________________________________
Are there certain locations where the conduct frequently takes place? ______________________
______________________________________________________________________________
Are there certain times when the conduct frequently takes place? _________________________
______________________________________________________________________________
Are there events/factors that frequently trigger the conduct (i.e.: does the conduct happen after the student answers a question in class or when the student is alone?)________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
MODEL SAFETY PLAN

A. RESPONSIBILITIES AND ROLES

Staff Responsibilities

☐ The following teachers will be apprised of this safety plan and will make every effort to implement it successfully:
________________________________________
________________________________________

☐ The following administrators and school personnel will be apprised of this safety plan and will make every effort to implement it successfully:
________________________________________
________________________________________

☐ Any staff who witness or are made aware of any harassing, intimidating or bullying behavior directed toward the student will intervene immediately and will report such behavior to ____________________________.

Parent/Family Responsibilities

☐ Parents and other family members agree to monitor and support the student with this Safety Plan, monitor the student’s use of technologies, and contact school if the problem persists.

☐ The school will immediately report any harassing, intimidating or bullying behavior which it is made aware of to the student’s parents.

☐ The school will meet with the parents _________________________ [date or frequency] to discuss and review this plan.

☐ Parents are welcome to contact the school at any time to check on the effectiveness of the plan.

Student Responsibilities

☐ The student will make reasonable attempts not have face-to-face contact or online contact with the aggressor while this plan is in effect.

☐ The student will report any breach of this plan, on or off school grounds, to his/her parents, designated point of contact, or other teacher/staff person immediately.

Counselor Responsibilities

☐ The school will perform a functional behavior assessment of the student to determine if the student needs additional services to help him/her improve social skills, better engage in conflict resolution, and/or effectively problem solve during emergency situations.
The student will meet with the school counselor to discuss ways he/she will react and deal with conflict and emergency situations in the future, including where the student should go, who they should talk to, and what strategies they can employ.

B. INTERVENTIONS

Point of Contact and Trusted Peers:

☐ Mr./Ms./Mx. _________________ will be designated as the student’s primary point of contact (trusted adult) on staff.

☐ The primary point of contact will be responsible for checking in with the student on a ____________ [daily/weekly/biweekly] basis to ensure the safety plan is working. The student in NOT responsible for locating or making contact with the staff member. Conversations should occur in a private location.

☐ The student is responsible for checking in with the primary point of contact to ensure the safety plan is working. The student will report to the primary point of contact’s office/classroom at ________________________________________________________________ [time and dates].

☐ Mr./Ms./Mx. _________________ is designated as the student’s backup point of contact. The backup point of contact has all the same responsibilities as the primary point of contact when that person is absent or unavailable. The primary point of contact is responsible for informing the backup point of contact when they are absent.

☐ The student can request to meet with the primary point of contact at any time if he/she feels unsafe. If the primary point of contact is not available the student will either be able to meet with the backup point of contact or ____________________________________________________________.

☐ The school and/or student have identified the following students as trusted peers:

_____________________________________________________________________

Classroom Times:

☐ The student’s schedule will be changed in the following ways (attach new schedule)

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

☐ The following teachers will keep the student and his/her aggressor separated in the classroom and during class activities:

_____________________________________________________________________

_____________________________________________________________________

☐ The student will be seated near one or more of their trusted peers in all classes.

☐ Teachers will address any bullying, intimidation, harassment and/or retaliation immediately and will report such conduct to ________________________________ as soon as possible.
MODEL SAFETY PLAN

Passing Times:

☐ The student will be able to transition before/after [circle one] other students or at the front/back [circle one] of the line and will be separated from his/her aggressor.

☐ The student will be able to transition between classes with one or more of their trusted peers.

☐ The student will take the following route when transitioning between classes:
_____________________________________________________________________

☐ Mr./Ms./Mx. _________________ is designated as the student’s hallway monitor and will be visible and available during hallway transitions.

☐ The student’s locker will be changed to a different location.

☐ The student will have special bathroom privileges in order to avoid contact with aggressors in the restrooms. These privileges include:

☐ Use of a single stall/staff restroom
☐ Ability to visit the restroom with a trusted peer
☐ Ability to use the bathroom at certain times of the day
☐ Other

_____________________________________________________________________

Lunch and Recess

☐ Mr./Ms./Mx. ____________________________ is designated as the student’s lunch monitor and will be visible and available during lunch.

☐ Mr./Ms./Mx. ____________________________ is designated as the student’s recess monitor and will be visible and available during recess.

☐ The student and his/her aggressor separated during lunch and recess.

☐ The student will be seated near one or more of their trusted peers during lunch.

Bus/Transportation

☐ The bus driver will be instructed to intervene immediately and to report any bus incidents immediately to the school principal.

☐ The bus driver will keep the student and his/her aggressor separated on the bus.

☐ The student will have an assigned seat on the bus near one or more of their trusted and separate from his/her aggressor.
The student’s transportation will be changed in the following ways:

___________________________________________________________________________
___________________________________________________________________________

Student will be dropped off at school at the following entrance and by the following people:

___________________________________________________________________________

Student will be picked up at school at the following entrance and by the following people:

___________________________________________________________________________

Other Interventions:

□
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

This plan is in place from _____________________________ through __________________, at which time it will be reviewed, revised or continued, if necessary.

WE AGREE TO THE SAFETY PLAN AS STATED ABOVE.

___________________________________________________ _________________
Student                                                                                  Date

___________________________________________________ _________________
Parent Date

___________________________________________________ _________________
Principal/Administrator Date

___________________________________________________ _________________
Teacher(s)/Counselor Date

Completed / Modified / Extended:
_____________________________________________________________ (Date & Signatures)
SAFETY PLAN OPTIONS

Items to Consider Adding to a Safety Plan or Special Education Plan
to Address Bullying or Harassment

Things the School Can Do
☐ Agree to immediately tell you when your child is bullied or harassed
☐ Pick a specific person at the school who will call you regularly to update you about how the
safety plan is working.
  • The plan should be specific about:
    ▪ how often the call should happen,
    ▪ at what time, and
    ▪ whether the school should call you or you should call the school.
☐ Pick a specific person to check in with your child at the end of every day so that your child
has the opportunity to report any bullying or harassment
  • The person should be someone your child feels comfortable with
  • It should be the responsibility of the person to check in with your child, not your child’s
  responsibility to find them
  • They should meet somewhere privately
  • The school should pick a backup person to check in with your child when the other
  person is out.
☐ Change the location of your child’s locker to be farther away from their bullies or harassers
☐ Change your child’s class seat or the seat of the bully
☐ Tell all of your child’s teachers and all school staff supervising times when your child and
their bully could see each other (such as lunchtime, recess, hallways, school
arrival/dismissal) about the safety plan.
☐ Remind all teachers, administrators, and staff of their duty to report any bullying or
harassment they see.
☐ Increase supervision at:
  ☐ School arrival and departure
  ☐ recess
  ☐ lunch
  ☐ gym
  ☐ bathrooms
  ☐ locker rooms
  ☐ Other points where the bully and your child come into contact, including: _______________
☐ Change the bully’s schedule or your child’s schedule so that they will not have to be near
each other during:
  ☐ School arrival and departure
  ☐ Transportation to and from school
  ☐ Class
  ☐ Recess
  ☐ Lunch
  ☐ Gym
  ☐ Afterschool activities and/or extracurriculars
  ☐ Other points where the bully and your child come into contact, including: _______________
SAFETY PLAN OPTIONS

☐ Change the bully’s or your child’s bus route
  • If that is not possible, the bus driver should be told about the bullying and told to step in if your child is bullied or harassed

☐ Give your child access to a bathroom or changing area where they will not have to see their bully, or have the bully use a separate bathroom or changing area

☐ Transfer the bully or your child to a different school within the district

☐ Assign your child student buddies, who will be with your child when they could come in contact with the bully, such as during lunch, recess, and when your child has to use the bathroom.
  • The student buddies should be students whom your child feels comfortable with and who agree to be your child’s buddy.

☐ Assign an adult escort to the bully, who will be with the bully as they walk from class to class. The bully should be told not to leave class until their adult escort is there.

☐ Tell the bully not to contact your child in any way — including in person, over social media, or through other students

☐ Train staff and teachers how to better respond to bullying or harassment when it happens

☐ Bring in a cultural competency training for all students so they learn to be more welcoming and accepting of students like my child

THINGS YOUR CHILD CAN DO

☐ Agree to go to a specific person during the day if they start to get upset or overwhelmed.
  • The person should be someone your child feels comfortable with.
  • Your child should have permission to leave class if necessary to seek this support.

☐ Agree to talk with the counselor or another adult they trust to figure out which students who they feel safe with and serve as student buddies.

☐ If your child has trouble reporting when they are bullied or harassed, your child could agree to work on their self-advocacy skills.
  • You should ask if your school has a program that helps students with self-advocacy.
  • If your student has a disability or you think they could have a disability, you can ask for a Functional Behavioral Assessment to help with their ability to report bullying and harassment

THINGS YOU CAN DO

☐ Agree to report any bullying or harassment to the school.
  • If you have had trouble getting in touch with administrators before, you can ask that the school pick a specific person you should report incidents to.
TEMPLATE FOR KEEPING RECORDS OF INCIDENTS

Take notes each time your child tells you they have been bullied or harassed. Many parents decide to use a notebook or a notes app on their phone to keep these notes organized. Below is a template you could use for your notes.

Example:

<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>May 15, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>What happened?</td>
<td>Jane called Jon fat and pushed him</td>
</tr>
<tr>
<td>Who did it?</td>
<td>Jane</td>
</tr>
<tr>
<td>Who saw?</td>
<td>Jack, Jon’s friend</td>
</tr>
<tr>
<td>Where did it happen?</td>
<td>Recess</td>
</tr>
<tr>
<td>Who did my child tell?</td>
<td>Mr. Johnson</td>
</tr>
<tr>
<td>When did my child tell them?</td>
<td>Later that day</td>
</tr>
<tr>
<td>Describe what injuries your child had.</td>
<td>Cut on elbow</td>
</tr>
<tr>
<td>Describe any medical attention.</td>
<td>School nurse, who gave him Neosporin and a Band-Aid</td>
</tr>
<tr>
<td>Who did you tell?</td>
<td>Principal Jordan</td>
</tr>
<tr>
<td>When did you tell them?</td>
<td>May 15th</td>
</tr>
<tr>
<td>How did you tell them?</td>
<td>The online complaint form</td>
</tr>
</tbody>
</table>

Template:
Parent/Guardian Address
Parent/Guardian Phone Number

Principal’s Name
Name of Your Child’s School
School Address

Dear Principal:

I am the parent of ___________________________, whose date of birth is ____________.

Please schedule an IEP Team Meeting as soon as possible to discuss my child’s needs and IEP services. My child has been suffering in school because of ongoing bullying or harassment that is interfering with their ability to meaningfully progress and participate in school. [Since the bullying began, my child has been diagnosed with mental health problems related to the bullying / started seeing a therapist.]

In addition to the people who are required under law to attend the IEP Team Meeting, I would like the following people to be present at this meeting: _______________________________

[teachers or other staff aware of bullying/harassment; staff responsible for students when or where incidents have occurred; therapist or other provider working with the student]

I will be bringing the following people with me to the meeting: _________________________

___________________________________________________________________________

When scheduling the meeting, please be aware of my availability: _______________________

____________________________________________________________________________

[Provide dates or times that you can or cannot meet]

Should you have any questions or problems with this request, please contact me at the following number(s) ___________ or by e-mail at _________________________.

Thank you.

Sincerely,

Parent/Guardian Name

cc: Director of Special Education

KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND THAT YOU EMAIL OR HAND-DELIVER THIS LETTER TO THE PRINCIPAL AND MAKE SURE SOMEONE SIGNS FOR IT, OR THAT YOU SEND IT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. YOU SHOULD ALSO SEND A COPY OF IT TO YOUR SCHOOL DISTRICT’S OR CHARTER SCHOOL’S SPECIAL EDUCATION DIRECTOR.
REQUEST FOR INITIAL SPECIAL EDUCATION EVALUATION

Parent/Guardian Address  
Parent/Guardian Phone Number  

Principal’s Name  
Name of Your Child’s School  
School Address  

Date

Dear Principal:

I am the parent of ___________________________, whose date of birth is ____________.

My child has not been doing well in school and I am therefore requesting a comprehensive evaluation to determine whether my child needs special education services, and, if so, what services are needed. **I am particularly concerned that the ongoing bullying my child is experiencing is interfering with their ability to meaningfully progress and participate in school.** [Since the bullying began, my child has been diagnosed with mental health problems related to the bullying.]

I would like to participate with the school staff to decide what testing is needed and what information about my child should be collected. I'd also like to know when the testing (if any) will be done, and whether any meetings will be scheduled so that I can attend. [As my child has struggled to be able to report the bullying when it occurs, I am requesting that the team consider administering a Functional Behavior Assessment to determine if my child needs assistance with their self-advocacy skills.]

I understand that the evaluation must be completed, and a written report given to me, within 60 calendar days (not including the summer months) of the school district’s receipt of the Permission to Evaluate-Consent Form signed by me. **However, because of the severity of the bullying and its impact on my child, I am requesting that you conduct this evaluation on an expedited basis.** Please send me a Permission to Evaluate-Consent Form to sign as soon as possible so that we can begin the process. [Or, I'd like to come to the school and sign the form immediately.]

Should you have any questions or problems with this request, please contact me at the following number(s) ___________ or by e-mail at ____________.

Thank you.

Sincerely,

Parent/Guardian Name

cc: Director of Special Education

KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND THAT YOU EMAIL OR HAND-DELIVER THIS LETTER TO THE PRINCIPAL AND MAKE SURE SOMEONE SIGNS FOR IT, OR THAT YOU SEND IT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. YOU SHOULD ALSO SEND A COPY OF IT TO YOUR SCHOOL DISTRICT’S OR CHARTER SCHOOL’S SPECIAL EDUCATION DIRECTOR.
Dear Principal:

I am the parent of ___________________________, whose date of birth is ___________. I feel that my child is not making progress in his/her special education program. I am particularly concerned that the ongoing bullying my child is experiencing is interfering with their ability to meaningfully progress and participate in school. [Since the bullying began, my child has been diagnosed with mental health problems related to the bullying.] In order to better understand the problem and the type and amount of services that may be needed, I am requesting that my child be reevaluated. [As my child has struggled to be able to report the bullying when it occurs, I am requesting that the team consider administering a Functional Behavior Assessment to determine if my child needs assistance with their self-advocacy skills.]

I would like to participate with the rest of the IEP Team in the review to determine what data and testing is needed. I'd also like to know when the testing will be held and whether any meetings will be scheduled so that I can attend.

I understand that the reevaluation must be completed, and the written Reevaluation Report given to me, within 60 calendar days (not including the summer months) of your receipt of the Permission to Reevaluate-Consent Form signed by me. [However, because of the severity of the bullying and its impact on my child, I am requesting that you conduct this evaluation on an expedited basis.] Please send me a Permission to Reevaluate-Consent Form to sign as soon as possible so that we can begin the process. [Or, I'd like to come to the school and sign the form immediately.]

Should you have any questions or problems with this request, please contact me at the following number(s)____________ or by e-mail at _________________.

Thank you.

Sincerely,

Parent/Guardian Name

Cc: Director of Special Education

KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND THAT YOU EMAIL OR HAND-DELIVER THIS LETTER TO THE PRINCIPAL AND MAKE SURE SOMEONE SIGNS FOR IT, OR THAT YOU SEND IT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. YOU SHOULD ALSO SEND A COPY OF IT TO YOUR SCHOOL DISTRICT’S OR CHARTER SCHOOL’S SPECIAL EDUCATION DIRECTOR.
## ORGANIZATIONS FOR FURTHER ASSISTANCE

<table>
<thead>
<tr>
<th>Region</th>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pennsylvania</td>
<td>Education Law Center PA</td>
<td><a href="http://www.elc-pa.org">www.elc-pa.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Philadelphia Office</td>
</tr>
<tr>
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<td>School District of Philadelphia</td>
<td>The Office of Safe Schools Advocate</td>
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<td>1-877-730-6315</td>
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<td>Pennsylvania</td>
<td>Disability Rights Pennsylvania (DRP)</td>
<td>The Philadelphia Building</td>
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<td>(412) 391-5225 (Pittsburgh)</td>
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<td><a href="http://www.drnpa.org">http://www.drnpa.org</a></td>
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<td>Pennsylvania</td>
<td>The Parent Education and Advocacy Leadership Center (PEAL)</td>
<td>1119 Penn Avenue Suite 400</td>
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<td>P: 215-567-6143 (Philadelphia)</td>
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<td>P: 866-950-1040 (Toll Free)</td>
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<td>The Arc of Pennsylvania</td>
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<td>P: (717) 234-2621</td>
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<td>Email: <a href="mailto:contact@arcpddc.org">contact@arcpddc.org</a></td>
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<td>Philadelphia</td>
<td>Parents Involved Network (PIN)</td>
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<td>P: 267-507-3860</td>
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<td>Toll Free: 800-688-4226 ext.: 3860</td>
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LETTER REQUESTING A BULLYING/HARASSMENT INVESTIGATION

Parent/Guardian Name: _______________________________________________
Address: _____________________________________________________________
City: ________________________ State: ______ Zip Code: __________
Phone: _______________________ Email: _______________________

Today’s Date __________________

Principal’s Name _____________________________________________
Address: ____________________________________________________
City: ________________________ State: ______ Zip Code: __________

Dear Principal ____________________________,

I am the parent of ____________________________________, whose birthdate is __________________

My child is being harassed at school. I am therefore requesting an investigation and a prompt response from the school district to ensure that the harassment will stop. The harassment my child has experienced in severe, pervasive, and objectively offensive. The harassment occurred [insert dates or time frame] _____

The harassment took place in [insert where the harassment occurred] _____________________________

The harassment involved [insert detailed description of the harassment, including the name(s) of the perpetrators, the actions they took, and the words they used] ____________________________________

Witnesses of the harassment include [insert names of anyone who saw your child being harassed] ______

This harassment has had a negative effect on my child’s education. As a result of this harassment my child has [check all that apply and provide description]

☐ been doing worse academically: ____________________________________________________

☐ avoided school and/or certain classes: __________________________________________________
LETTER REQUESTING A BULLYING/HARASSMENT INVESTIGATION

☐ experienced psychological symptoms (depression, anxiety, PTSD): ____________________________

☐ felt uncomfortable and/or refrained from participating in class or extracurriculars: ______________

☐ withdrawn or considered withdrawing from your school _________________________________

☐ Other: __________________________________________________________________________

The harassment is related to my child’s membership in a protected class, specifically [provide description of which protected classes apply and how you know that is why your child is being targeted]:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

I request that the school interview all persons who were involved in or who witnessed the harassment. After the investigation, please intervene with the student(s) responsible in order to ensure that the harassment stops.

Should you have any questions about this request, please contact me at [phone number/email]

________________________________________________________

Sincerely,

Parent/Guardian Name

Check and fill out the following information if the parent is a non-native English speaker

☐ I have limited English proficiency. I am requesting that the District provide translation and interpretation services for all information related to this allegation of bullying. Please provide these services in [insert language] ____________________________

* KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND HAND DELIVERING THIS LETTER OR SENDING IT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. YOU SHOULD SEND A COPY TO THE SUPERINTENDENT AS WELL.

The same form, with Procedures for Appeal Process instructions, follow on the next 4 pages.

For other school districts, please see the following pages for a generic Letter to Appeal a Decision from a Bullying/Harassment Investigation
PROCEDURES FOR APPEAL PROCESS

I. PURPOSE:
To provide procedures and general guidelines for the appeal process in the School District of Philadelphia. These processes are applicable for decisions made at both the school level and the central office level.

II. RESPONSIBILITY:
The Office of Student Rights and Responsibilities is responsible for reviewing and investigating decisions made by school and/or central office staff to determine if the decision was made in accordance with school district policies, procedures, and protocols.

III. DECISIONS THAT CAN BE APPEALED:
1. Disciplinary transfers- transfers made pursuant to a disciplinary hearing
2. Programmatic transfers- transfers for programmatic reasons such as special education, 504 service agreements, or English language learner issues
3. Neighborhood school transfers- transfers back to a neighborhood school at the end of a school year for reporting inaccurate residency information to the school, moving out of the neighborhood catchment, or gaining admission to a school without an approved transfer through a district approved process or procedure. (special admission schools only)
4. School selection- assignments made after the parent completed the school selection process. We will not reconsider wait list decisions or a disapproval to a school because the applicant does not meet the designated criteria for that school.
   *English Learners - All student Advocacy Folders for English learners must contain supporting documentation that demonstrates the student can participate successfully given reasonable accommodations. Office of Multilingual Curriculum and Programs will review all of those students who have been disapproved to ensure that the supporting documents have been thoroughly considered by the school regarding the reasonable accommodations the school must provide in order for the student to be successful.
5. Homelessness designation- transfer to a new school based on student’s new address (dispute about whether a student is homeless)
6. Parental exclusion letters- parent is banned from a school building as a result of inappropriate behavior
7. Bullying/harassment findings- after the school administrator investigates an allegation of bullying or harassment, the parent disputes the findings of that investigation

IV. CRITERIA:
In all appeals, the factors that the Student Rights and Responsibilities Staff will consider include, but are not limited to:
1. Whether the parent met with the school administrator at their child's school
2. Whether all policies and procedures were followed
3. Whether the child's rights were violated
4. The health, safety and welfare of the child and the school community.

V. PROCESS FOR APPEALS

1. Once a parent receives a decision that is made at the school level, the parent MUST first meet with the Principal/Principal’s designee to discuss the decision. If a parent disagrees with the school’s decision, the Principal/Principal’s designee will inform the parent how to file an appeal.

The following decisions are made at the school level:
1. Homelessness designation
2. Parental exclusion letters
3. Neighborhood school transfers
4. Bullying/Harassment findings

If a parent disagrees with a central office decision based on the criteria listed above, the central office staff will inform the parent how to file an appeal.

The following decisions are made at the central office:
1. Programmatic transfers
2. School Selection
3. Disciplinary Transfers

2. How to file an appeal
For all matters listed above, parents must complete the attached form and submit it within 15 calendar days of the decision to the Office of Student Rights and Responsibilities either in person at 440 N. Broad Street, Floor 2, and/or by email (parentappeals@philasd.org), along with all relevant documentation received from the school or the central office that made the decision.

In all appeals, a staff member in the Office of Student Rights and Responsibilities will review the form and accompanying documentation. If further documentation is required to make a decision, it will be requested from the school or central office that made the decision.

Once all of the documents have been received, the staff member will review all materials and make a decision within 21 calendar days. There will be no hearing scheduled and the decision will be made based upon the documentation submitted. The parent and the school will be notified of the decision. The Assistant Superintendent and/or relevant central office departments will also be notified of the decision.

VI. RELATED POLICIES
118: Code of Student Conduct
206: Assignment within the District
248: Unlawful Harassment
249: Bullying/Cyberbullying
251: Homeless Students

EFFECTIVE DATE: August 27, 2018
Parents and guardians of school district students have the right to appeal decisions made at the school or central office level, as outlined in the attached procedures. In order to complete an appeal, complete both pages of this form and submit it, in person, at 440 N. Broad Street, Suite 243, or by email to parentappeals@philasd.org.

Date: ________________
Parent/Guardian Name: ____________________________________________________________
Address: _________________________________________ Zip Code ______________________
Phone Number: ___________________ Additional Number: _____________________________
Parent email address: _____________________________________________________________
Name of Student: ___________________________ Student DOB: __________________________
Name of Current School: ___________________ Current Grade: _________________________
Student Identification #: __________________________

Does your child currently receive any of the following supports? (Check appropriate box)
- [ ] 504 Service Agreements
- [ ] Individualized Education Plan (IEP)
- [ ] School Therapeutic Services (STS)
- [ ] English Language Learners (ELL)

Please check the type of decision you are appealing:
- [ ] Disciplinary Transfer
- [ ] Programmatic Transfers
- [ ] Neighborhood School Transfers
- [ ] School Selection
- [ ] Homelessness Designation
- [ ] Parental Exclusion Letters
- [ ] Bullying/Harassment Findings
Name of the Office or Person who made the decision (include a copy of the letter you received):

____________________________________________________________________

What decision was made?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What outcome are you seeking?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

Note: To complete this appeal, attach all documentation that supports the outcome you are seeking (For example, school selection requests should include the 7th grade report card and standardized test scores).
APPEAL OF A DECISION FROM BULLYING/ HARASSMENT INVESTIGATION
(OTHER DISTRICTS)

Today’s Date ____________________

Parent/Guardian Name: _______________________________________________
Address: _____________________________________________________________
City: ________________________ State: ______ Zip Code: __________
Phone: _______________________ Email: ________________________________

Name of Student: ___________________________________________________________________
Student date of birth: ___________________ Student Current School: ________________
Current Grade: ______ Student ID #: __________

Dear Compliance Officer:

I am the parent of ________________________________________, who receives the following supports in school:
- 504 Service Agreements
- Individualized Education Plan (IEP)
- School Therapeutic Services (STS)
- English Language Learners (ELL)

I am appealing the decision of my school’s principal as a result of an investigation into bullying/harassment. As a result of the investigation, the principal decided
____________________________________________________________________________________.

I disagree with the principal’s decision because
____________________________________________________________________________________.

As a result of this appeal, I would like
____________________________________________________________________________________.

Should you have any questions about this request, please contact me at [phone number/email]
____________________________________________________________________________________.

I am attaching the following documents that support my appeal:
____________________________________________________________________________________.

Sincerely,

Parent/Guardian Name

KEEP A COPY OF THIS LETTER FOR YOUR RECORDS. WE RECOMMEND THAT YOU EMAIL OR HAND-DELIVER THE APPEAL TO THE COMPLIANCE OFFICER AND MAKE SURE SOMEONE SIGNS FOR IT, OR THAT YOU SEND IT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED. ATTACH ANY DOCUMENTS INCLUDING MEDICAL RECORDS, TEXTS, EMAILS, SCREENSHOTS, ETC., THAT SUPPORT YOUR POSITION.
GUIDANCE FOR TESTIMONY TO THE SCHOOL BOARD

General advice:

- Register to speak before the meeting
- Ask how long speakers are allowed to speak at meetings and keep your remarks to that length
- Make sure to describe:
  - What school your child goes to
  - How long the bullying or harassment has been going on
  - How often your child is bullied or harassed
  - Any names the bullies called your child or things they did to your child that would show the Board how serious this is
  - How the bullying or harassment has hurt your child
  - How you tried to get the school to take action
  - What you would like the Board to help you with
- It is not necessary to name the students targeting your child in any public statements. You can tell the Board members privately after your public testimony.

Example:

My name is John Doe, and my child is a student at Neighborhood Elementary. I am speaking tonight because my child has been terribly bullied since April 10th, and the school administration hasn’t done enough to stop it.

The bullying started with another student tripping my son in class, and since then it has only continued and gotten worse. Multiple times a week, my son is called “fat” or “gross” and is hurt by this bully. The bully has even gotten other students to start harming my son, and one of the new bullies pushed my son so hard into his locker that he got a concussion.

The bullying has had a terrible impact on my son. He has stopped going to Drama Club because he knows the bullies are there and he is starting to feel bad about himself and believe what the bullies are saying.

I have emailed the principal about the bullying more than ten times, and each time she only says she will look into it and talk to the bullies. But that is not doing enough to protect my child, because talking to the bullies hasn’t stopped them and it keeps getting worse.

I am speaking tonight in hopes you can make the administration at Neighborhood Elementary finally take my child’s bullying seriously.
PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM

INSTRUCTIONS

This packet contains the form you will need to complete to begin the process of filing a discrimination complaint with our office. You can also download and print this form from our website: www.phila.gov/humanrelations. The form asks for some of the basic information that we need to decide whether or not we can investigate your public accommodations-related problem. If you have difficulty understanding these instructions or have questions, our staff can assist you.

The Public Accommodations Discrimination Intake Form asks questions about why you believe you were treated unfairly and how you believe this treatment was against the law. In Philadelphia, the law protects individuals against unfair treatment in public accommodations on the basis of:

✓ Ancestry
✓ Color
✓ Disability
✓ Domestic and Sexual Violence
✓ Ethnicity
✓ Familial Status
✓ Gender Identity

✓ Marital Status
✓ National Origin
✓ Race
✓ Religion
✓ Retaliation for Prior Discrimination Complaint
✓ Sex (including breastfeeding)
✓ Sexual Orientation

The PCHR Cannot Investigate Public Accommodations Complaints Based on General Mistreatment
There are many reasons people are treated unfairly, and several of these reasons may not be against the law. The PCHR can only investigate public accommodations complaints based on illegal mistreatment relating to the factors identified above. By law, we cannot handle general public accommodations-related concerns based on any other factors. In addition, your complaint should relate to mistreatment that affected you personally. You cannot file a complaint about the treatment of someone else unless you have the legal right to represent that person (e.g., because you are the person’s parent or guardian).

Evidence Is Required To Support Your Discrimination Complaint
In addition to the statements you make about why you believe you were mistreated, the PCHR will need information from other people and from documents to investigate your complaint. The Public accommodations Discrimination Intake Form includes questions about the people and documents that might help prove that any mistreatment you experienced was against the law. To be most useful to your complaint, the people you identify generally should have direct knowledge (have learned through their own senses) of how you were treated and/or some information about how your treatment compared to that of other people. The most helpful documents will be ones written around the time that you believe you were mistreated.

Complete the attached form only if you believe you have been discriminated against because of one of the bases listed above. Please take the time to answer all questions completely and accurately. Once you have completed the form, please submit the form in person or by mail to our office:

Philadelphia Commission on Human Relations
The Curtis Center
601 Walnut Street, Suite 300 South
Philadelphia, PA 19106
Phone: 215-686-4670
TTY: 215-686-3238

Once we have received your completed form, our intake staff will meet with you about filing a complaint. Completing the enclosed form does not mean you have filed a discrimination complaint. A PCHR staff person will review your form and meet with you to decide if we can assist you. Preparing and filing a discrimination complaint is a complex matter. Please plan for the process to take at least 2 hours.

SPECIAL INSTRUCTIONS IF THE DISCRIMINATION WAS 9 OR MORE MONTHS AGO:
The Philadelphia Commission on Human Relations can only investigate discrimination that occurred within the past 300 days. If your complaint involves events that occurred more than 9 months ago, please contact our office immediately. If you fail to complete all of the steps for filing a complaint within the legal time period, our staff will not be able to investigate your complaint.
PHILADELPHIA COMMISSION ON HUMAN RELATIONS
PUBLIC ACCOMMODATIONS DISCRIMINATION INTAKE FORM

1. Please provide your personal information.

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2. Are you filing this complaint for someone else?  □ Yes  □ No

   a. If yes, who do you believe was discriminated against?

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3. What organization (e.g., store, restaurant, City government agency) do you believe has discriminated?

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4. What is the reason (basis) for your discrimination complaint?

FOR EXAMPLE: If you feel you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply.

- Ancestry
- Color (e.g., difference in skin shade within same race)
- Disability
- Domestic and Sexual Violence
- Ethnicity
- Familial Status
- Gender Identity
- Other (explain):
- Marital Status
- National Origin
- Race
- Religion
- Retaliation for Prior Discrimination Complaint
- Sex (including breastfeeding)
- Sexual Orientation

5. For each category above, please state how you identify yourself. For example, if you checked sex, please indicate whether you are male or female.

6. What happened to you that you believe was discriminatory? Please attach additional pages if needed.

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<tr>
<th>Date</th>
<th>Action (Ex. I was denied service)</th>
<th>Name/Title of Person(s) Responsible</th>
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7. Why do you believe these actions were discriminatory? Please attach additional pages if needed.


8. What reason(s) were you given for the acts you consider discriminatory? By whom? His or her job title?


9. Why do you believe the reason(s) given to you are false?


10. Describe who was in the same or similar situation as you and how they were treated. For example, who else requested service from the establishment? Provide the basis identified in Question 5 of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

   a. Of the persons in the same or similar situation as you, who was treated better than you?

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   b. Of the persons in the same or similar situation as you, who was treated worse than you?

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   c. Of the persons in the same or similar situation as you, who was treated as same as you?

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Answer Questions 11-13 only if you are claiming discrimination based on disability. If not, skip to Questions 14-20. Please state if you have more than one disability. Please add additional pages if needed.

Please check all that apply:

☐ Yes, I have a disability
☐ I do not have a disability now, but I did have one
☐ I do not have a disability, but the organization treats me as if I am disabled

11. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)? If so, how does this disability affect you?
12. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?  
   □ Yes  □ No  
   a. If yes, what medication, medical equipment or other assistance do you use?  

13. Did you ask the organization for any changes or assistance to the establishment because of your disability?  □ Yes  □ No  
   a. If yes, please state when you asked, how you asked, who you asked, what changes or assistance you requested and how the organization responded to your request.  

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<tr>
<th>Date</th>
<th>Verbal or Written Request?</th>
<th>Name/Title of Person(s) Asked</th>
<th>Changes or Assistance Requested</th>
<th>Organization Response</th>
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14. Are there any witnesses to the alleged discriminatory incidents?  □ Yes  □ No  
   a. If yes, please identify them below and describe what they will say.  (Please attach additional pages if needed.)  

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Address &amp; Phone Number</th>
<th>What This Person Will Say</th>
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</table>

15. Are there any documents about the alleged discriminatory incidents?  □ Yes  □ No  
   a. If yes, please identify them below and indicate from whom we might obtain them.  

<table>
<thead>
<tr>
<th>Document</th>
<th>Source of Document</th>
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</tbody>
</table>

16. Have you filed a complaint on this matter with the Pennsylvania Human Relations Commission or another agency?  □ Yes  □ No  
   If yes, please indicate the agency and date of filing:  

<table>
<thead>
<tr>
<th>Agency</th>
<th>Date of Complaint(s)</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ Pennsylvania Human Relations Commission</td>
<td></td>
</tr>
<tr>
<td>☐ Other (explain):</td>
<td></td>
</tr>
</tbody>
</table>
17. Have you sought help about this situation from an attorney, or any other source? □ Yes □ No
   a. If yes, please provide the name of the organization, the name of person you spoke with, the date of contact, and results, if any.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Person You Spoke With</th>
<th>Date of Contact</th>
<th>Results</th>
</tr>
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18. If we cannot reach you directly, is there someone we can contact to help us reach you?

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Street Address (Include Apartment or Unit #)</th>
<th>City</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
<th>Email Address (if available)</th>
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</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Other Phone</th>
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</table>

Relationship to You

19. Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a discrimination complaint, you must do so within 300 days from the day you knew about the discrimination. If you do not file a complaint within the time limits, you will lose your rights. If you would like more information before filing a complaint or you have concerns about PCHR’s notifying the organization about your complaint, you may wish to check Box 1. If you want to file a complaint, check Box 2.

BOX 1 □ I want to talk to a PCHR employee before deciding whether to file a complaint. I understand that by checking this box, I have not filed a complaint with the PCHR. I also understand that I could lose my rights if I do not file a complaint in time.

BOX 2 □ I want to file a complaint of discrimination, and I authorize the PCHR to look into the discrimination I described above. I understand that the PCHR must give the organization that I accuse of discrimination information about the complaint, including my name. I also understand that the PCHR can only accept complaints of public accommodations discrimination based on ancestry, color, disability, domestic and sexual violence, ethnicity, familial status, gender identity, marital status, national origin, race, religion, retaliation for prior discrimination complaint, sex or sexual orientation.

20. If you checked Box 2 above, what would you like to have happen in response to your complaint?
(Ex. use of the establishment, receipt of service requested, guarantee of no future discrimination)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I declare under penalty of perjury that all of the information that I have provided on this form is true, correct, and complete to the best of my knowledge. I acknowledge that false statements on this form are punishable under state law, 18 Pa. C.S. § 4904 (unsworn falsification to authorities).

Signature ____________________________  Today’s Date ____________________________
1. YOUR CONTACT INFORMATION (Student and parent or guardian*)

Student Name & Birthdate

Address

Date of Birth

Street

City

State

Zip Code

Phone Number: (H) (Cell) (W)

May we call you at work? Yes No

E-mail address:

Parent or Guardian Name

(*if filing on behalf of minor student)

Address

Street

City

State

Zip Code

Phone Number: (H) (Cell) (W)

May we call you at work? Yes No

E-mail address:

Name, address and phone number of a person, who does NOT live with you and will know how to contact you:

Name

Phone Number

Address

Street

City

State

Zip Code

E-mail address:

2. AGAINST WHAT SCHOOL OR INSTITUTION ARE FILING YOUR COMPLAINT? (preschool, k-12 school, college, university, trade or technical school, etc.)

School/institution Name

Address in PA

PA

Street

City

State

Zip Code

- 1 -
Type of school (preschool, K-12, college, university, trade or technical school, etc.)

__________________________________________________________

Name & title of top school official(s) (principal, superintendent, college president, etc.)

__________________________________________________________

Pennsylvania county where you were harmed: ____________________________________________

3. DESCRIBE HOW YOU WERE HARMED, AND WHEN, SO WE CAN DETERMINE IF WE CAN ASSIST YOU.* Check all that apply.

Write the date(s) you were harmed beside the discriminatory event or action:

☐ Admission denied ______________________  ☐ Re-admission denied ______________________

☐ Expulsion ______________________________  ☐ Suspension _____________________________

☐ Privilege denied ________________________  ☐ Other discipline _________________________

☐ Inappropriate placement (in gifted or special education) _______________________________

☐ Inappropriate grades _________________  ☐ Other different treatment _____________________

☐ Harassment _____________________________

(Please complete #9 if you were harassed.)

☐ Denied access related to a disability _____________________________

☐ Denied reasonable accommodation for a disability _____________________________

☐ Denied reasonable accommodation for religion ________________________________

☐ OTHER, please be specific: ___________________________________________

*PLEASE ATTACH COPIES OF ANY DOCUMENTS SUCH AS A REPORT CARD, NOTICE, LETTER, ETC. TO BACK UP WHAT YOU ARE SAYING.

4. DO YOU FEEL YOU WERE TREATED DIFFERENTLY (DISCRIMINATED AGAINST) BECAUSE OF ANY OF THE CHARACTERISTICS BELOW?

The commission can investigate your complaint only if you believe you were treated differently and harmed because of your race, color, religion, ancestry, sex, national origin, disability or the use, handling or training of a guide or support animal for blindness, deafness or physical disability. For example, if you feel you were treated worse than someone else because of your race, please indicate race as the reason. If you believe you were treated differently because of your race and sex, please check off both race and sex. Only check those reasons which explain why you were harmed. Also, please identify your race, color, religion, national origin or ancestry, etc. if you were discriminated against based on those factors.

☐ Male  ☐ Female  ☐ Pregnant
☐ Race _________________________________  ☐ Color _________________________________

☐ Religion _____________________________  ☐ Ancestry ________________________________

☐ National Origin (country in which you were born) _________________________________

☐ Association with a person of a different race than your own:
  Your race __________________________ the other person’s race _______________________

☐ Use of a guide or support animal for disability (please complete #6)

☐ Handling or training of a support animal for disability (please complete #6)

☐ Other (please specify) ________________________________

☐ I have a disability. (please complete #6)  ☐ The teacher, etc. treats me as if I am disabled.

☐ I had a disability in the past. (please complete #6)

☐ I have a relationship or association with someone who has a disability. (please complete #6)

☐ RETALIATION

If you believe you were harmed because you complained about what you believed to be unlawful discrimination, because you filed a complaint about unlawful discrimination, or because you assisted someone else in complaining about discrimination, please complete the following information.

Date you filed a complaint with the PA Human Relations Commission: __________________________

If you filed a complaint with another agency, list the agency’s name and date of filing:

__________________________________________

Date(s) you complained about discrimination to a teacher, administrator or other school official and that person’s name and title:

__________________________________________

Date(s) you assisted someone in complaining about discrimination

5. STATE THE REASONS THE TEACHER, ADMINISTRATOR, ETC. GAVE FOR THE ACTIONS THAT HARMED YOU.

__________________________________________

Who told you about the reasoning for the action? Include his or her position.

__________________________________________

When were you told about the action taken against you?  __________________________

Date(s)

If you were given no reason, please check here.  ☐

Regarding how you were harmed, please identify a person or persons who were treated better
than you. *For example, you were suspended for the same offense committed by students of a different race or gender and they were punished less harshly.*

Name of other person(s) - First and Last ____________________________________________

How is this person different from you? *For example, what is his or her race, age, religion, etc.?*

Please explain exactly how this person was treated better or differently than you. Include dates. ____________________________________________________________

If you cannot identify someone who was treated better or differently than you, you need to describe an incident, statement, etc. which can be investigated, and which directly relates to why you were treated differently than someone else. ____________________________________________________________

6. **IF YOU CHECKED ONE OF THE FOUR DISABILITY CATEGORIES NOTED IN #4 ABOVE, ANSWER THE FOLLOWING QUESTIONS. (IF NOT, SKIP TO #8)**

What is your disability? ____________________________________________

How long have you had this disability and when did it start? ____________________________________________

Do you still have this disability? □ yes □ no

If yes, how much longer do you expect to have the disability? ____________________________________________

What major life activities do you have great difficulty performing because of your disability (Check all that apply.)

□ Seeing □ Hearing □ Bending □ Walking □ Lifting □ Stooping □ Turning
□ Climbing □ Running □ Talking □ Standing for long periods
□ Sitting for long periods □ Caring for yourself □ Thinking □ Concentrating
□ Relating to Others

Other Major Life Activities (*Be specific*) ____________________________________________

If you have had a disability in the past, when did it start, and what date did it end?

___________________________________________

If a teacher, school employee, etc. treats you as if you are disabled: What disability do they think or believe you have? ____________________________________________

Who are the people that are treating you as disabled (names and positions)? ____________________________________________
Why do you think that these people think or believe you have a disability?

________________________________________________________________________

How did the teacher, school employee, etc. learn about your disability?

________________________________________________________________________

On what date did they learn about your disability? __________________________

Which specific person learned about your disability? (include his or her position or title)

________________________________________________________________________

If you are related to someone who has a disability, what is your relationship to this person?

________________________________________________________________________

What is this person’s disability? ________________________________

How and on what date did the school staff or faculty learn about this person’s disability?

________________________________________________________________________

Did you ask for an accommodation or assistance? ☐ yes ☐ no

IF YES,

(1) To whom did you make your request? ________________________________

(2) On what date was the request made? ________________________________

(3) Please describe the accommodation or assistance you requested, and why.

________________________________________________________________________

Did the school provide the requested accommodation or assistance?

☐ yes ☐ no

If so, on what date? ________________________________

If not, were you provided with some other accommodation or assistance instead? ☐ yes ☐ no

If yes, please explain. ____________________________________________________

________________________________________________________________________

Did the school deny your request for an accommodation or assistance?

☐ yes ☐ no

If so, who denied your request? _________________________________________

What date was the request denied? _________________________________________

What reason was given to you for the denial? ________________________________
7. IF YOU WERE DENIED ACCESS BECAUSE OF A DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY OR SERVICE, IN ADDITION TO COMPLETING QUESTION 6.

What service, facility or area was not accessible, and how? (Be as specific as possible, for example: entrance was not accessible because of stairs, doorway/aisles too narrow for wheelchair, assistive device, alternate format for visual disability or sign language interpreter refused, no accessible parking, etc.)

8. IF YOU WERE DENIED ACCESS OR PARTICIPATION FOR A REASON OTHER THAN DISABILITY, PLEASE DESCRIBE THE INACCESSIBLE FACILITY, PROGRAM OR SERVICE AND HOW IT WAS NOT ACCESSIBLE.

What service, facility or program was not accessible, and how? (Be as specific as possible, for example: participation in xx program denied because of your sex.)

9. IF YOU CHECKED THAT YOU WERE HARASSED UNDER #3, ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE.

Name the person(s) who harassed you: ________________________________

His or her position or title (teacher, school employee, fellow student, etc.)

When were you harassed: Starting date ___________ Ending date ______________

Is the harassment still continuing? ☐ yes ☐ no

How often did the harassment occur? As well as possible, please indicate date, month and year of each incident and how often the harassing actions occurred.

☐ One time only _______________ ☐ Once a day _____________________________

☐ Several times daily __________________________

☐ multiple times/week __________________________

☐ multiple times/month __________________________

Please provide two or three examples of the harassment you experienced.
Did you consider any of the above acts of harassment to be especially severe and/or offensive? □ Yes □ No  If so, please explain why. ________________________________________________________________

______________________________________________________________

Did the harassment have a negative or harmful effect on you or your health? If so, please explain: ________________________________________________________________

______________________________________________________________

Did you complain to anyone about the harassment? □ Yes □ No
To whom did you complain? ________________________________________________________________

What date did you complain? ________________________________________________________________

Did the harassment stop after you complained about it? □ Yes □ No
If it ended, on what date did it stop? ________________________________________________________________

After you complained, were any other actions taken against you? (for example – lower grades, increased discipline, etc.) □ Yes □ No
What were the actions? ________________________________________________________________

On what dates did they occur? ________________________________________________________________

Who took the action against you? ________________________________________________________________

Did this person know that you complained about the harassment? □ Yes □ No

10. IF YOU WERE DENIED AN ACCOMMODATION FOR RELIGION, PLEASE DESCRIBE THE ACCOMMODATION REQUESTED, THE DATE DENIED, AND THE REASON GIVEN FOR DENIAL.

______________________________________________________________

11. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed ________________________________________________________________

Date of filing Inquiry or Complaint number
12. HAVE YOU BEEN INVOLVED IN ANY COURT ACTION REGARDING THIS MATTER? (COURT ACTION INITIATED BY YOU OR ANYONE ELSE). IF SO, PLEASE SPECIFY THE COURT AND THE DATE FILED, TO THE BEST OF YOUR MEMORY.

☐ Yes  ☐ No

Court  City  County  State  Date filed

13. IF YOU HAVE FILED THIS COMPLAINT WITH ANY OTHER LOCAL, STATE OR FEDERAL AGENCY, PLEASE ANSWER THE FOLLOWING:

Name of the agency with which you filed ____________________________________________

_____ Date of filing  Inquiry or Complaint number

14. IF YOU WILL HAVE AN ATTORNEY REPRESENTING YOU ON THIS MATTER, PLEASE HAVE YOUR ATTORNEY SEND US A LETTER THAT CONFIRMS THIS. (YOU DO NOT NEED AN ATTORNEY TO FILE A COMPLAINT.)

YOU MUST SIGN AND DATE THIS FORM BEFORE RETURNING IT.

☐ I hereby verify that the statements contained in this form are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature ____________________________________________

Date ____________________________________________

IF YOU HAVE OTHER INFORMATION YOU BELIEVE WE NEED TO KNOW TO HELP US UNDERSTAND YOUR COMPLAINT, PLEASE PROVIDE IT BELOW. FEEL FREE TO ATTACH ADDITIONAL PAGES TO DESCRIBE WHAT HAPPENED TO YOU.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________
DISCRIMINATION COMPLAINT FORM

You do not have to use this form to file a complaint with the U.S. Department of Education's Office for Civil Rights (OCR). You may send OCR a letter or e-mail instead of this form, but the letter or e-mail must include the information in items one through nine and item twelve of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed. An on-line version of this form, which can be submitted electronically, can be found at: http://www.ed.gov/about/offices/list/ocr/complaintintro.html.

Before completing this form please read all information contained in the enclosed packet including: Information About OCR's Complaint Resolution Procedures, Notice of Uses of Personal Information and the Consent Form.

1. Name of person filing this complaint:

Last Name:____________________ First Name:____________________ Middle Name:___________________
Address: _____________________________________________________________________________________________
City:_______________________________________________ State:___ Zip Code:_________________
Home Telephone:______________________________ Work Telephone:______________________________
E-mail Address: ____________________________________________________________________________________

2. Name of person discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name:____________________ First Name:____________________ Middle Name:___________________
Address: _____________________________________________________________________________________________
City:_______________________________________________ State:_______ Zip Code:_________________
Home Telephone:______________________________ Work Telephone:______________________________
E-mail Address: _____________________________________________________________________________________
3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: _______________________________________________________________________________

Address: _____________________________________________________________________________________________

City: __________________________________________ State: _______ Zip Code: __________

Department/School: ______________________________________________________________________________

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

☐ Discrimination **based on race (specify)**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

☐ Discrimination **based on color (specify)**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

☐ Discrimination **based on national origin (specify)**

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

☐ Discrimination **based on sex (specify)**

_____________________________________________________________________________________

_____________________________________________________________________________________
5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.
6. What is the most recent date you were discriminated against?

Date:_______________________________________________________________________________

7. If this date is more than 180 days ago, you may request a waiver of the filing requirement.

☐ I am requesting a waiver of the 180-day time frame for filing this complaint. Please explain why you waited until now to file your complaint.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

☐ YES    ☐ NO

If you answered yes, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court:________________________________________________________

Date Filed: ___________________

Case Number or Reference:  __________________________________________________________

Results of Investigation/Findings by Agency or Court:

______________________________________________________________________________________________
______________________________________________________________________________________________
10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information is not required, but it will be helpful to us.

Last Name:____________________ First Name:______________ Middle Name:__________________

Home Telephone________________ Work Telephone:________________________

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

________________________            __________________________
(Date)                        (Signature)

________________________            __________________________
(Date)                        (Signature of person in Item 2)

Please mail the completed and signed Discrimination Complaint Form, your signed consent form and copies of any written material or other documents you believe will help OCR understand your complaint to the OCR Enforcement Office responsible for the state where the institution or entity about which you are complaining is located. You can locate the mailing information for the correct enforcement office on OCR’s website at http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm.
CONSENT FORM - FOR REVEALING NAME AND PERSONAL INFORMATION TO OTHERS
(Please print or type except for signature line)

Your Name: __________________________________________________________________________

Name of School or Other Institution That You Have Filed This Complaint Against: ______________
___________________________________________________________________________________

This form asks whether the Office for Civil Rights (OCR) may share your name and other personal
information when OCR decides that doing so will assist in investigating and resolving your complaint.

For example, to decide whether a school discriminated against a person, OCR often needs to reveal that
person’s name and other personal information to employees at that school to verify facts or get additional
information. When OCR does that, OCR informs the employees that all forms of retaliation against that
person and other individuals associated with the person are prohibited. OCR may also reveal the person’s
name and personal information during interviews with witnesses and consultations with experts.

If OCR is not allowed to reveal your name or personal information as described above, OCR may decide to
close your complaint if OCR determines it is necessary to disclose your name or personal information in
order to resolve whether the school discriminated against you.

NOTE: If you file a complaint with OCR, OCR can release certain information about your complaint to the press or
general public, including the name of the school or institution; the date your complaint was filed; the type of
discrimination included in your complaint; the date your complaint was resolved, dismissed or closed; the basic
reasons for OCR’s decision; or other related information. Any information OCR releases to the press or general
public will not include your name or the name of the person on whose behalf you filed the complaint.

NOTE: OCR requires you to respond to its requests for information. Failure to cooperate with OCR’s investigation
and resolution activities could result in the closure of your complaint.

Please sign section A or section B (but not both) and return to OCR:

• If you filed the complaint on behalf of yourself, you should sign this form.
• If you filed the complaint on behalf of another specific person, that other person should sign this form.

EXCEPTION: If the complaint was filed on behalf of a specific person who is younger than 18 years old or a
legally incompetent adult, this form must be signed by the parent or legal guardian of that person.

• If you filed the complaint on behalf of a class of people, rather than any specific person, you should sign the form.

A. I give OCR my consent to reveal my identity (and that of my minor child/ward on whose behalf the
complaint is filed) to others to further OCR’s investigation and enforcement activities.

_____________________________________ ___________________
Signature  Date

OR

B. I do not give OCR my consent to reveal my identity (and that of my minor child/ward on whose
behalf the complaint is filed) to others. I understand that OCR may have to close my complaint.

_____________________________________ ___________________
Signature  Date

I declare under penalty of perjury that it is true and correct that I am the person named above; and, if the complaint is filed on behalf of a minor child/ward, that I am that person’s parent or legal guardian. This declaration only applies to the identity of the persons and does not extend to any of the claims filed in the complaint.