

Cambridge Public Schools

Non-Discrimination Policy and Prohibition Against Sexual Harassment

Discriminatory Practice Review Form

Your Name: _____

School/Department: _____

Student _____ Staff Member _____

Your Email/Phone _____

Date: _____

Please identify the location of the school/department where the alleged discriminatory practice occurred, the date/time of the event, and the name of person engaging in the discriminatory practice below:

Location of Event: _____

Date and Time of Event: _____

Name of the individual engaging in the discriminatory practice:

Please describe the basis for your complaint:

Please describe the corrective action you are seeking:

Submit Form To: This form should be submitted to Ramon De Jesus, Director of Diversity Development (rdejesus@cpsd.us), or Barbara Allen, Executive Director for Human Resources, (ballen@cpsd.us), Cambridge Public Schools, Office of Human Resources, 135 Berkshire Street, Cambridge, MA 02141 no later than 20 calendar days after the alleged discriminatory practice occurred.