

Cambridge Public Schools

Civil Rights Discrimination Grievance Form

If you believe that you have experienced discrimination based upon a protected category or have been subjected to retaliation for engaging in a protected activity, you may file a grievance through this online form or may also file this grievance form in person, by mail, or email to either:

Corey Dotson
 Chief Talent Officer
 Cambridge Public Schools
 135 Berkshire Street, Cambridge, MA 02141
[by email](#) or 617.349.6438

and/or

Manager- Employee and Labor Relations,
 Office of Human Resources
 Cambridge Public Schools
 135 Berkshire Street, Cambridge, MA 02141
 617.349.6438

Date: _____

Name of Individual(s) Making Report: _____

School/Department: _____

Staff: _____

Student: _____

Home Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

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

Protected Category (check all that apply):

___ Title VI – discrimination on the basis of race, color or national origin

___ Title IX – discrimination on the basis of sex

___ Section 504/ADA – discrimination on the basis of disability

___ Religion ___ Gender ___ Sexual Orientation ___ Gender Identity or Expression

___ Genetic Information ___ Ancestry ___ Age ___ Marital Status ___ Pregnancy

___ Parental Status ___ Military Status ___ Veteran Status ___ Homelessness Status

___ Foster Care Status ___ Hazing

Location of Event:

_____ School building

_____ School Grounds (not indoors)

_____ Bus

_____ Off-Campus

Date and Time of Event: _____

Name of the alleged individual(s) engaging in the discriminatory practice:

Please describe in detail the nature of the issue and action(s) alleged to be discriminatory:

Please describe the outcome, relief or corrective action you are seeking: