

## 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:*

Carolyn L. Turk, Ed.D.  
Deputy Superintendent  
Cambridge Public Schools  
135 Berkshire Street, Cambridge, MA 02141  
[by email](#) or 617.349.6418

**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:**