

PUBLIC SCHOOLS OF BROOKLINE

Civil Rights Discrimination Grievance Form

The Public Schools of Brookline (PSB) is committed to providing a workplace and educational environment that are free from discrimination and harassment based on a protected category, and retaliation for engaging in a protected activity.

Protected categories include discrimination on the basis of race, color, or national origin (Title VI), discrimination on the basis of sex (Title IX), and discrimination on the basis of disability (Section 504/ADA).

If you believe you have experienced discrimination based on a protected class in the PSB, you can file a grievance in person, by mail, fax, or email. If you are unable to complete this form, the complaint may be taken orally by the Coordinator listed below who will then reduce the complaint to writing:

Contact Person: Maria Letasz, Ed.D.
Director of Guidance and Clinical Services, PreK-12
District Title IX and Title VI Coordinator (students) and Section
504/Title II Coordinator
2 Clark Road
Brookline, MA 02445
P: 617-308-6400 (text enabled)
F: 617-730-2066

Student Name _____ DOB: ____ / ____ / ____

Address: _____

City / State / Zip: _____

School: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Adult Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Protected Class (select 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**
- Other protected classes described in the PSB Policy Against Discrimination – discrimination on the basis religion, gender, sexual orientation, gender identity or expression, age, genetic information, marital status, maternity leave, paternity leave, parental status, military or veteran status.**

Problem and Facts: Briefly describe the nature of the problem and action alleged to be discriminatory. Please include the facts that relate to the problem. (You may list more than one problem).

(Use additional pages if necessary)

Proposed Solution: Describe the actions or relief that you believe will resolve the issues based on the information available to you.

(Use additional pages if necessary)

Signature of Individual Submitting Form: _____

Please print name here: _____

Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____