

**Vermont Human Rights Commission
Public Accommodations Questionnaire for School
Complaints**

Your answers to this questionnaire are confidential pursuant to 9 V.S.A. §4555(a). **Please print or type your responses. If you have any questions or require assistance while filling out this form, don't hesitate to contact the HRC at 1-800-416-2010 (Toll Free VT) or 802-828-1625 or by email at human.rights@vermont.gov.**

1. INFORMATION ABOUT YOU

Name: _____

Child's name: _____ Age: _____ Grade: _____

Mailing address: _____

E-mail address: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Message phone 1: _____ Message phone 2: _____

If you will be represented by an attorney, please provide the attorney's name and phone number:

Name: _____ Phone number: _____

Have you filed a complaint regarding this matter with the Human Rights Commission or any other agency? Or have you filed a lawsuit regarding this matter? If yes, fill in the information below:

Agency or court name: _____

Approximate date complaint was filed: _____

Complaint or charge number, if known: _____

2. ESTABLISHING JURISDICTION

A. Below are the legal bases for protection from discrimination. If you believe your child has experienced discrimination because of their membership in one or more of these protected categories please select all that specifically apply to your child.

Race Black White Asian Pacific Islander/Hawaiian

Native American Indian/Alaskan Native Other (please specify)

Color

National Origin (please specify)

Religion (please specify)

Sex Male Female Nonbinary

Sexual Orientation (please specify)

Gender Identity (please specify)

Disability Physical Developmental Psychiatric/Emotional

B. Action upon which your complaint is based (choose all that apply):

Harassment

Unequal treatment

Denied reasonable accommodation for disability

C. What was the most recent date that your child was allegedly discriminated against?

If your answer is more than one year before today, please stop and contact the HRC at 800-416-2010 (Toll Free VT) or 802-828-1625.

If the action is related to an IEP, please stop and contact the Vermont Agency of Education at (802) 479-1030 or aoe.edinfo@vermont.gov.

3. RESPONDENT INFORMATION

Please provide the following information about the school:

Name of school: _____

Name of principal: _____

Address: _____

Phone number: _____

Name of supervisory union or district: _____

Name of superintendent: _____

Address: _____

Phone number: _____

4. Please provide information about what happened. Include dates the alleged discrimination occurred, names and titles (if known) of who discriminated against your child, who you/they reported it to, and action taken (if any). If the discriminatory action is based on a denial of a reasonable accommodation request due to disability, please provide information including the nature of your child's disability, nature of the reasonable accommodation request and how it relates to their disability, date of their medical diagnosis, and reason for denial (if applicable):

I understand that the information in this questionnaire may be shared, in whole or part, by the Vermont Human Rights Commission (HRC) with the Respondent identified above.

In order to provide a timely complaint, under penalties of perjury, I declare that I have read this questionnaire and wish to make it my complaint of discrimination and that the facts stated in it are true. I will advise the HRC if I change my address or telephone number and I will cooperate fully with the HRC in the processing of my complaint in accordance with its procedures.

I understand the foregoing and agree to and request the HRC consider an investigation of this matter. I understand that the information provided does not guarantee acceptance of a complaint.

Signature

Date

Mail, fax or email to:

Vermont Human Rights Commission
14-16 Baldwin Street
Montpelier, VT 05633-6301
Telephone: 800-416-2010 (Toll Free VT) or 802-828-1625
TTY: 877-294-9200
Fax: 802-828-2481
Email: human.rights@vermont.gov

ADDITIONAL QUESTIONS FOR SCHOOL DISCRIMINATION CLAIMS

Please answer any of the following applicable questions. Additionally, you are invited to provide any further information or documents you believe would be helpful.

How frequently was the offensive conduct repeated or was it a one-time incident? Please provide date(s).

Did you request that the school complete an investigation as per their internal hazing, harassment and bullying policy?

If yes:

- a. What is the date you made the request?
- b. What is the name of the person you made the request to?
- c. What is the name & title of the person that conducted the investigation?
- d. What was the outcome of the investigation?

If no:

- a. Why didn't you make a request?

If yes and the school denied your request to conduct an internal investigation, what was the reason given?

Who was the perpetrator of the offensive conduct? Please include some details about the person or persons, including the age if they are a child/minor.

Were there any witnesses to the incident(s)? If yes, please provide names and contact information and attach to this document.

Did you report the incident(s) to anyone at the school? If yes, when and to whom and what did you tell that person?

Is there written documentation of your report(s) to school personnel?

Is there any documentation of the incident(s) you described?

Explain how the offensive conduct affected your child.

Did you ask the school for an independent review? If yes, when?

If an independent review was conducted, what was the outcome?

Do you have an attorney or advocate working with you on this matter?

Have you filed a complaint about this with anyone? (Agency of Education? Court?)

ADDITIONAL QUESTIONS FOR DISABILITY DISCRIMINATION CLAIMS

Does your child qualify for SSI?

Does your child receive special education services from the school? If yes, please specify.

Is your child currently on an IEP or 504 Plan? What services/ accommodations are required under the Plan?

Updated 07/17