United States Department of Education
Office for Civil Rights

DISCRIMINATION COMPLAINT FORM

You do not have to use this form to file a complaint with the U.S. Department of Education's Office for Civil Rights (OCR). You may send OCR a letter or email instead of this form, but the letter or email must include the information in items 1-15 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed. An online, fillable version of this form, which can be submitted electronically, can be found at:
http://www.ed.gov/about/offices/list/ocr/complaintintro.html.

Before completing this form, please read all information contained in the enclosed packet including: Information About OCR's Complaint Resolution Procedures, Notice of Uses of Personal Information and the Consent Form.

If you have questions about civil rights or how to file a complaint, you may contact OCR at 800-421-3481, 800-877-8339 (TTY), OCR@ed.gov, or by calling the enforcement office that serves your state or territory. Contact information for enforcement offices can be found at: https://ocrcas.ed.gov/contact-ocr.

If you have difficulty understanding English, you may, free of charge, request language assistance services for this Department information by calling 1-800- USA-LEARN (1- 800-872-5327) (TTY: 1-800-877-8339), or email us at: Ed.Language.Assistance@ed.gov. If you are a person with a disability, you may request disability-related assistance by contacting OCR at 800-421-3481, 800-877-8339 (TTY), OCR@ed.gov, or by calling the enforcement office that serves your state or territory. Contact information for enforcement offices can be found at: https://ocrcas.ed.gov/contact-ocr. To request this document in an alternate format such as Braille or large print please contact the Department at 202-260-0852 or om_eeos@ed.gov.

1. Name of person filing this complaint:

Last Name: (b)(6); (b)(7)(A); (b)(7)(C) **First Name:** (b)(6); (b)(7)(A); **Address:** (b)(6); (b)(7)(A); (b)(7)(C)

City: (b)(6); (b)(7)(A); (b)(7)(C) **State:** (b)(6); (b)(7)(A **Zip Code:** (b)(6); (b)(7)(A); (b)(7)(C)

Primary number (b)(6); (b)(7)(A); (b)(7)(C) **Alternate number:**_____

Email Address: (b)(6); (b)(7)(A); (b)(7)(C)

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent, guardian, or other authorized legal representative is required.

Last Name:_____ **First Name:**_____ **Address:**

_____

City:_____ **State:**_____ **Zip Code:**_____

Primary Phone:_____ **Alternative Phone:**_____

Email Address: _____

3. OCR investigates discrimination complaints against schools, colleges and universities, institutions, and agencies which receive funds or other forms of financial assistance from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Central Bucks School District

Address: 20 Weldon Drive

City: Doylestown **State:** PA **Zip Code:** 18901

Department/School: (b)(6); (b)(7)(A); (b)(7)(C)

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, or age. The regulations also ban retaliation against persons who assert the right to be free from discrimination. Please note the following:

- Discrimination based on race, color, and national origin includes failure to provide meaningful access to English learners and limited English proficient parents and guardians, as well as discrimination based on shared ancestry or ethnic characteristics or based on citizenship in a country with a dominant religion.

Discrimination based on race, color, and national origin also includes discrimination, including harassment, because you and/or another individual are, for example, Jewish, Muslim, Arab, Hindu, or Sikh; or based on other ethnic and religious characteristics. For example, individuals who have been subjected to ethnic slurs (such as antisemitic or anti-Muslim harassment); harassed for how they look, dress, or speak in ways related to their ethnic background (such as skin color, religious attire, or language spoken); or stereotyped based on their perceived ethnic characteristics.

- Discrimination based on sex includes discrimination based on sex stereotypes, pregnancy or related conditions, sexual orientation, and gender identity, as well as rules about parental, family, or marital status that treat people differently based on sex.
- Discrimination based on disability includes discrimination against individuals who have a physical or mental impairment that substantially limits a major life activity, as well as individuals who have a record of or are regarded as having a disability.
- Discrimination based on age does not limit protection against discrimination to a certain age group (e.g., people over 40); however, there are a variety of exceptions to the relevant Federal law that may permit age to be taken into account.
- Retaliation refers to actions taken for the purpose of interfering with any rights under the laws enforced by OCR, or because you made a complaint, testified, or participated in any manner in an OCR proceeding.

Please indicate the basis of your complaint:

☒ Discrimination **based on race (specify)**

Please see Attachment 1

☐ Discrimination **based on color (specify)**

☒ Discrimination **based on national origin (specify)**

Please see Attachment 2

☐ Discrimination **based on disability (specify)**

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☐ Discrimination **based on age (specify)**

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☐ **Retaliation because you filed a complaint or otherwise asserted rights under laws enforced by OCR (specify)**

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☐ **Violation of the Boy Scouts of America Equal Access Act (specify)**

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Please see attachments provided with this complaint form.

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