

COMPLAINT FORM

(Please complete all information below in print or type)

Name	Last Name	First Name	Middle Name	
Address	Number and Street	City	State	Zip Code
Phone	Home Phone	Work Phone		

Date of complaint	Your job title and location where you are employed		
Name of person(s) this complaint is against	Is/Are the person(s) named in this complaint a Board of Education employee?		If yes, what is the person(s)'s job title, and work address? If no, identify the person's affiliation with the school district, if any.
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

1. Do you believe that you were harassed or discriminated against based upon your sex, race, religion, age, pregnancy, national origin, sexual orientation, gender identity or some other personal characteristic? If so, please describe in detail the basis for your claim, including but not limited to the date(s), time(s) and location(s) of the alleged harassing and/or discriminatory incident(s).

2. If this is not a harassment/discrimination complaint as outlined above, is this a complaint based upon a violation of some other District policy such as the healthy workplace policy (Policy #3351 or #4341)? If so, identify the policy and please describe in detail the basis for your claim, including but not limited to the date(s), time(s) and location(s) of the alleged conduct. {attach additional sheets if necessary}

3. Have you reported to or discussed the conduct which forms the basis of this complaint with anyone? If so, please provide the name of the individual and the date of your report or discussion?

4. Was any action taken in response to your report or discussion? If so, give a description of the action taken.

5. Have you discussed the conduct which forms the basis of this complaint with any co-worker? If so, please identify the co-worker and the details of your discussion.

6. If there have been any witnesses to the conduct which forms the basis for your complaint, kindly provide the information requested below.

Witness(es) to incident(s) Name of witness(es) and contact telephone no.(s)	Describe what witness(es) observed along with the date(s) , time(s) and location of such observations.
a.	a.
b.	b.

c.	c.
d.	d.
e.	e.
f.	f.

7. Describe any actions taken by you, if any, in response to the conduct which forms the basis for this complaint.

8. Please attach copies of any documents (emails, texts, communications, social media posts, complaints, etc.) in your possession that relate in any way to this complaint. If there are relevant documents not in your possession, please identify them below.

- a.
- b.
- c.
- d.

9. Pls. set forth any other information which you believe is pertinent to this matter. (attach additional sheets if necessary)

Signature of complainant	Date
Signature and Title of Person Receiving Complaint	Date and Location of the Receipt of this Complaint