

## **Discrimination/Harassment/Sexual Harassment Complaint Form**

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|---|--|
| Name:<br>Nddress:   | Mayle Dhana.   |
|   | Harris /Call Dharris   |
|   |  |
| Section 2: Supervisory Information  |  |
| Supervisor Name:  | Title:   |
| Building / Department:  |  |
| Section 3: Details of Claim   |  |
|   | sment you believe you were subject to, if applicable (check all  |
| that apply)   |  |
| <ul><li>☐ Harassment</li><li>☐ Hostile Work Environment</li><li>☐ Sexual Harassment</li><li>☐ Retaliation</li></ul>                   |  |
| B. Your claim of discrimination/harassment  | t is based upon membership in the following protected categor  |
| (check all that apply)  | no acces apon memorismp m une renerming protected accessor   |
| ☐ Race ☐ Disability ☐ Age ☐ Religion/Creed ☐ Military Status ☐ Criminal Conviction/Arrest Rec ☐ Sex/Gender Identity ☐ HIV/AIDS Status | ☐ National Origin/Ethnicity ☐ Predisposing Genetic Characterist ☐ Color ☐ Marital/Family Status ☐ Sexual Orientation |
| C. Your claim of discrimination/harassment  | t/sexual harassment is made against:   |
| Name:   | Title:   |
| Building / Department:  | Work Phone:  |
| <b>Relationship to you</b> : □ Supervisor □ Co-   | -Worker   Subordinate   Other:   |
| D. Date(s) discrimination/harassment/sexu   | al harassment occurred:  |
|   |  |
| Is the discrimination/harassment/sexual   | harassment continuing? $\square$ Yes $\square$ No  |

| necessary)   | c. (Attach additi                         | ional pages, i       |
|--|---|----------------------|
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| <ul> <li>Please list the name and contact information of any witnesses or indivirelated to your complaint:</li> <li>Phone:</li> </ul>  | •   |                      |
|  |   |                      |
|  |   |                      |
| <ul><li>Phone:</li><li>Phone:</li></ul>  |   |                      |
| <ul><li>Phone:</li><li>Phone:</li></ul>  | lated incidents?                          |                      |
| Phone: Phone: Phone: Phone: Phone: Phone:  | lated incidents?                          |                      |
| Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Have you previously provided information (verbal or written) about relative to the second seco | lated incidents?                          | □ Yes □              |
| Phone:  Phone: | lated incidents?  /?   Yes  t?   Yes  Yes | ☐ Yes ☐ No ☐ No ☐ No |
| Phone:  Phone: Phone: Phone: P | lated incidents?  /?   Yes  t?   Yes  Yes | ☐ Yes ☐ No ☐ No ☐ No |
| Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  If yes, when and to whom?  H. Have you filed a claim with a federal, state or local government agency I. Have you instituted a legal suit or court action regarding this complaint J. Optional: Have you hired an attorney with respect to this complaint?  If yes, and you would like us to work with them, please provide their contraction.   | lated incidents?  /?   Yes  t?   Yes  Yes | ☐ Yes ☐ No ☐ No ☐ No |

## Instructions for the District

If you receive a complaint about alleged sexual harassment, you must follow the district's sexual harassment prevention policy by investigating the allegations through actions including:

## An investigation involves:

- Speaking with the complainant
- Speaking with the alleged harasser
- Interviewing witnesses
- Collecting and reviewing any related documents

While the process may vary from case to case, all allegations should be investigated promptly and resolved as quickly as possible. The investigation should be kept confidential to the extent possible.

Document findings of the investigation and basis for your decision along with any corrective actions taken, and notify the complainant and the individual(s) against whom the complaint was made (if the alleged harasser is a student, also notify the parent/guardian). This may be done via email.