



## Discrimination/Harassment/Sexual Harassment Complaint Form

### Section 1: Complainant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_

### Section 2: Supervisory Information

Supervisor Name: \_\_\_\_\_  
Building / Department: \_\_\_\_\_

Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### Section 3: Details of Claim

**A. The specific type of discrimination/harassment you believe you were subject to, if applicable (check all that apply)**

- Harassment
- Hostile Work Environment
- Sexual Harassment
- Retaliation

**B. Your claim of discrimination/harassment is based upon membership in the following protected category (check all that apply)**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Race                | <input type="checkbox"/> Disability                        | <input type="checkbox"/> National Origin/Ethnicity       | <input type="checkbox"/> Predisposing Genetic Characteristics |
| <input type="checkbox"/> Age                 | <input type="checkbox"/> Religion/Creed                    | <input type="checkbox"/> Domestic-Violence-Victim-Status | <input type="checkbox"/> Color                                |
| <input type="checkbox"/> Military Status     | <input type="checkbox"/> Criminal Conviction/Arrest Record | <input type="checkbox"/> Marital/Family Status           | <input type="checkbox"/> Sexual Orientation                   |
| <input type="checkbox"/> Sex/Gender Identity | <input type="checkbox"/> HIV/AIDS Status                   |  |   |

**C. Your claim of discrimination/harassment/sexual harassment is made against:**

Name: \_\_\_\_\_  
Building / Department: \_\_\_\_\_

Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Relationship to you:**  Supervisor  Co-Worker  Subordinate  Other: \_\_\_\_\_

**D. Date(s) discrimination/harassment/sexual harassment occurred:** \_\_\_\_\_

**Is the discrimination/harassment/sexual harassment continuing?**  Yes  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.