

EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT



Please Print Clearly or Type the Following Information

Your Name: _____ Date: _____

Bldg Site: _____ Job/Title: _____

Address at which you wish to receive confidential mail: _____

Phone No.: (H) (____) _____ - _____ (W) (____) _____ - _____

Name and title of your supervisor: _____

Type of Discrimination and Harassment Policy violation alleged:

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Discrimination |
| <input type="checkbox"/> Age | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Other _____ |

Please refer to the *Discrimination and Harassment Policy and Guidelines* or contact the Human Resources Office if you have difficulty completing this form. **You may reach Human Resources at 651-407-7546.**

- Describe what happened. Include the dates and locations of each incident. If you require additional space, you may attach a page to this form in addition to the statement you give below. Also, please attach any additional documents you think are relevant to your complaint.

- List each person you believe may have violated the *Discrimination and Harassment Policy and Guidelines*.

Name	Job Title	Phone	Supervisor

3. List each person you believe may have pertinent information about the situation.

Name	Job Title	Phone	Supervisor

4. What steps, if any, have you taken to resolve this matter?

5. List the person(s) you contacted in an attempt to resolve this matter.

Name	Job Title	Date of Contact

WHITE BEAR LAKE AREA SCHOOLS IS AN EQUAL OPPORTUNITY EMPLOYER. THE DISTRICT TAKES ALL ALLEGATIONS OF HARASSMENT AND DISCRIMINATION SERIOUSLY. ALL PERSONS ARE TO BE TREATED WITH RESPECT AND DIGNITY. SEXUAL VIOLENCE, SEXUAL ADVANCES OR OTHER FORMS OF UNLAWFUL DISCRIMINATION OR HARASSMENT IN ANY FORM BY ANY PUPIL, TEACHER, ADMINISTRATOR OR OTHER SCHOOL PERSONNEL WHICH CREATES AN INTIMIDATING, HOSTILE OR OFFENSIVE ENVIRONMENT WILL NOT BE TOLERATED UNDER ANY CIRCUMSTANCES

Please forward this form to:
 White Bear Lake Area Schools
 Department of Human Resources
 4855 Bloom Avenue
 White Bear Lake, MN 55110
 OFFICE: (651) 407-7546
FAX: (651) 407-7541
-OR-
 INTEROFFICE MAIL: Dept. of HR

You will be contacted by a representative of the Human Resources Office to obtain additional information as needed. All employees must provide truthful and complete information and cooperate fully with the District in any investigation concerning conduct of employees. The investigation process will be concluded within a reasonable period of time and the results will be communicated to you either verbally or in writing. Although we cannot guarantee complete confidentiality, your concerns will be handled with the utmost discretion.

I hereby state and affirm that the information supplied via this complaint form is true and correct to the best of my knowledge.

Signature: _____ Date: _____

SUPERVISORS: Forward this complaint form via FAX to the Human Resources Office immediately upon receipt