



# ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

Human Resources Department	
Subject: <b>COMPLAINT PROCEDURE/HARASSMENT</b>	

## COMPLAINT PROCEDURE/HARASSMENT

### EMPLOYEE'S REPORT OF ALLEGED INCIDENT

Name:	School or Department:
Address	Telephone: Home: Work:
Date of Alleged Incident:	Date of this Statement:

Cause of harassment based on (Check appropriate area or areas)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex                 | <input type="checkbox"/> Religion       |
| <input type="checkbox"/> Age             | <input type="checkbox"/> Veteran Status      | <input type="checkbox"/> Other _____    |

Employee's statement of alleged violation and complaint. What is the factual contention, what has occurred? Provide full facts necessary to support your position (attach additional sheets, if necessary).

State full relief, or action that you believe is required to resolve this alleged incident.

Employee's Signature:	Date:
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### RESPONSE FROM HUMAN RESOURCES

Date of Receipt in Human Resources:	Date of Response:
Compliant Resolved <input type="checkbox"/> Compliant Denied <input type="checkbox"/>	
Reason(s):	
Director of Human Resources Signature:	Date:

### RESPONSE FROM EMPLOYEE

Decision is <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
Reason(s):	
Employee's Signature:	Date: