



CARMEL CLAY SCHOOLS

Report of Discrimination and/or Harassment

This form is to be used by any employee or student who has either observed or been subject to discrimination and/or harassment. To insure a full investigation, it should be completed as accurately as possible; however, it is not critical to be 100 percent precise. An investigation may require the complainant to be interviewed.

Date of Report: _____

Employee Name: _____		
First	MI	Last
Location/School: _____	Position: _____	
Email: _____	Phone: () _____	

Name of Accused: _____	
Location/School: _____	Position: _____
Relationship of the Accused to the Complainant (manager, co-worker, client, etc): _____	

Date of Incident: _____
(If more than one event, please report each event on a separate form)
Where did the specific event occur: _____
Please explain the events that occurred (if needed, please attach additional page): _____

Please list names of Witnesses, if any: _____

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence Carmel Clay Schools deems relevant.

Complainant's Signature: _____ Date: _____