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: _____ Type of Report - Please check [ ] Harassment [ ] Discrimination

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: _____