

Harassment/Discrimination Reporting Form

This form provides the opportunity for an employee to report violation(s) of Board Policy 03.162 or 03.262 and to secure an equitable, prompt, and satisfactory solution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Employee's Name _____
Last Name First Name MI
Employee's Address _____
City State Zip
Employee's Home Phone Number _____
Employee's Work Site _____ Daytime Phone # _____

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (Use additional sheets if necessary.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident(s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

sexual racial on the basis of national origin on the basis of disability

other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position: _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used.

List any witnesses to these events:

(Please attach any exhibits or other tangible evidence (i.e., notes).

What results are you seeking by filing this form? _____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

Signature of Employee Date

Received by: _____