

PLAIN LOCAL SCHOOL DISTRICT - COMPLAINT FORM

To file a complaint, complete and return this form to Human Resources, 901 44th St. NW, Canton, OH 44709.

The investigation will be handled as confidentially as possible under the circumstances. The need to interview the witnesses and the offending individual(s), however, does not allow for total confidentiality in this process.

Retaliation against any person for complaining about harassment/discrimination, or participating in a harassment/discrimination investigation, is prohibited. Suspected retaliation should be reported in the same manner as harassment/discrimination. Intentionally false reports made to get someone in trouble are also prohibited. Retaliation and intentionally false reports may result in disciplinary action.

Name of Person Filing Complaint (Complainant): _____

Address: _____

Telephone: _____ (Home) _____ (School/Work Location)

Date of Alleged Incident: _____

Status of Person Filing the Complaint: Student Employee Parent Other _____ (Specify)

Type of Complaint: Religious Racial Sexual Harassment Sexual Orientation Disability Sex
National Origin Genetics Color Age General

Has there been Violence? Yes No

Name of Person You Are Reporting (Respondent): _____

Status of Person You Are Reporting: Student Employee Parent Other _____ (Specify)

I WISH TO PROCEED WITH A/N INFORMAL INVESTIGATION FORMAL INVESTIGATION

Statement of Complaint *(Include type of harassment/violence, who was involved in the specific incidents in which it occurred, names of witnesses, etc.):*

(Continue on reverse side or attach pages as needed)

I UNDERSTAND THAT IN ACCORDANCE WITH DISTRICT POLICY #3362 and #4362, PLAIN LOCAL SCHOOL DISTRICT WILL ADDRESS THIS COMPLAINT. SIGN BELOW IF YOU WISH TO PROCEED WITH A FORMAL INVESTIGATION.

This complaint is based on my honest belief that harassment, discrimination or another form of violence has occurred to me or another person. I hereby certify that the information provided in this complaint is true, correct and complete to the best of my knowledge.

Signature of Complainant: _____ Date: _____