

Name of Person Filing Complaint (Complainant): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (School/Work Location)

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

Type of Complaint:  Sexual  General  Protected Group (select group from list below)

Protected Group:  Race  Color  Creed  Religion  National Origin  Sex  Age  Marital Status  
 Disability  Public Assistance  Sexual Orientation  Gender Identity/Expression  Other Protected Group

Name of Person You Are Reporting (Respondent): \_\_\_\_\_

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

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 #413, INDEPENDENT SCHOOL DISTRICT 709 WILL ADDRESS THIS COMPLAINT.**

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Receiving The Complaint: \_\_\_\_\_ Date Received: \_\_\_\_\_

Printed Name of Person Receiving The Complaint: \_\_\_\_\_

Name of Building Administrator (if different from person receiving initial complaint): \_\_\_\_\_

Original to Human Resources Date Distributed: \_\_\_\_\_  
(Human Resources will distribute a copy to the District's Climate Coordinator)

Copies Distributed To:  Building Administrator Date Distributed: \_\_\_\_\_

**(To be completed by Human Resources)**  
REPORT NUMBER: Year: \_\_\_\_\_ Building Code: \_\_\_\_\_ Number In Sequence By Year: \_\_\_\_\_