



WESTFIELD  
WASHINGTON  
SCHOOLS

## 13000-01 DISCRIMINATION & HARASSMENT COMPLAINT FORM

INSTRUCTIONS: Complete and submit this form within 180 calendar days of the last act that you believe was discriminatory or harassing. Help in completing the form or answering follow-up questions is available by contacting WWS Human Resources Department. Please provide as much information as possible to enable the Corporation investigation. Refer to *Policy 13000-01* for additional information. The completed form must be submitted within 180 calendar days of the violation to any administrator or to the appropriate Complaint Coordinator (see chart in *Policy 13000-01*) at (317) 867-8000.

### ALLEGED BASIS OF HARASSMENT OR DISCRIMINATION (Circle all that apply):

Age	National Origin	Sex/Gender Identity/Sexual Orientation
Color	Race	Other (please specify below):
Disability	Religion	_____

### A. Target's Contact Information

Name: \_\_\_\_\_ School/Building: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

If you are submitting a complaint on behalf of a targeted student or employee, please complete the following about yourself:

Name: \_\_\_\_\_ Relationship to target: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

B. Target's Status:  Student  Parent/Guardian  Employee  Other \_\_\_\_\_

**C. Complaint Information**

1. Date of Discriminatory Occurrence (if multiple, list all dates): \_\_\_\_\_
2. Location: \_\_\_\_\_
3. Name(s) of the offender: \_\_\_\_\_
4. Describe what happened that you believe was discriminatory (*use extra paper if needed*). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List names of school personnel who were involved: \_\_\_\_\_  
\_\_\_\_\_
6. If others were affected by the alleged violation/discrimination, please list their names: \_\_\_\_\_  
\_\_\_\_\_
7. If other witnessed the alleged violation, please list their names: \_\_\_\_\_  
\_\_\_\_\_
8. If you have had an initial discussion with a staff member or supervisor concerning the complaint, please give the date of discussion, summarize the conversation, and include the name of the person with whom you spoke. \_\_\_\_\_
9. If you wish, describe the corrective action(s) you would like to see taken. \_\_\_\_\_  
\_\_\_\_\_
10. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Are you interested in the informal resolution process (ie - mediation)?     Yes     No
12. Do you have any documentation related to this complaint (ie - notes, emails, text messages, etc.)? If so, please attach it to this form.

**D. I certify that the above statements are true.**

Complainant's Signature: \_\_\_\_\_ Date Filed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Date Complainant notified, request for additional information: \_\_\_\_\_

Date outcome of investigation delivered: \_\_\_\_\_

Appeal to Coordinator: \_\_\_\_\_

Appeal to Board: \_\_\_\_\_

Corrective Action: \_\_\_\_\_