



Willmar Public Schools (ISD 347) – District Office

DISCRIMINATION & HARASSMENT COMPLAINT FORM

| | | | |
|---|---|--|--------------------------------------|
| 1. Employee Name (Print or Type) | 2. Race | 3. Gender | 4. Employee I.D. Number |
| 5. Employee Home Address (Number and Street) | 6. City | 7. State | 8. Zip Code |
| 9. Work Phone | 10. Home Phone | 11. Building | 12. Work Hours |
| 13. Bargaining Unit | 14. Immediate Supervisor | 15. Supervisor Work Phone | |
| | | | |
| 16. Name of Accused | 17. Race (If, known) | 18. Gender | 19. Building |
| 20. Accused Work Phone | 21. Bargaining Unit | 22. Immediate Supervisor | 23. Supervisor Work Phone |
| | | | |
| 26. Discrimination &/or Harassment Factors | | | |
| I feel I was unlawfully discriminated against on the basis of the following: Check all that apply. | | | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Height | <input type="checkbox"/> Weight | <input type="checkbox"/> Marital Status | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin | |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Race | |
| | | | |
| 27. This possible unlawful discrimination occurred in connection with the following: | | | |
| <input type="checkbox"/> Disciplinary Action | <input type="checkbox"/> Demotion | | |
| <input type="checkbox"/> Service Rating | <input type="checkbox"/> Promotion | | |
| <input type="checkbox"/> Transfer | <input type="checkbox"/> Reduction in Force | | |
| <input type="checkbox"/> Hostile Work Environment | <input type="checkbox"/> Other _____ | | |
| | | | |
| 28. Please list any witnesses and contact information (additional pages may be attached if necessary). | | | |
| Name: | Phone Number: | What specifically were they witness too? | |
| | | | |
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| | | | |



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29. Have you asked that the behavior stop? No Yes If Yes, when?

30. Have you discussed this incident with your supervisor? If the allegation is in connection to your supervisor, have you discussed it with their immediate supervisor? No Yes If Yes with who and date(s)

31. Have you discussed this incident with anyone? No Yes If Yes with who and date(s)

Discrimination &/or Harassment Complaint Statement

32. Describe below in detail the alleged discrimination or harassment. *Use additional pages as needed.*

Please include the following:

- The action(s) taken or not taken because of the factors checked above.
- Dates, places, names and titles of persons involved and witnesses, if any.
- What harm, if any, was caused to you or others with whom you work as a result of the alleged discriminatory or harassing action(s).
- If this complaint is based on a disability, describe the disability, your history of disability, or why you think you were regarded as being disabled.

33. Please describe how your complaint of alleged discrimination or harassment could be resolved. *Use additional pages as needed.*

I certify that this complaint is being filed based on my honest belief that the named person(s) discriminated or harassed me. I hereby certify that the information I have provided in this complaint is true, correct, and complete, to the best of my knowledge and belief. I hereby affirm that I am not using this completing procedure for reasons of personal malice or abuse towards another employee.

Employee Signature

Date

Received By (Name & Signature): _____ Date: _____



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Discriminatory Harassment Complaint Form Instructions

General Instructions

This form may be downloaded from the District website and must be completed by District employees who wish to file an internal complaint of potential violations of the District's Discriminatory Harassment Policy. Assistance in completing this form may be obtained from a supervisor, union steward, or other employee. Please ensure that the following information is submitted promptly following the alleged event, and record all information so that it is legible using type or block print.

1. Complete items 1-33.
2. Attach additional pages describing the alleged event(s).
3. Sign and date the form and any additional documents submitted.
4. Make a copy for your records.
5. Forward your complaint of Discrimination or Harassment to the Director of Human Resources.

Investigative Process

A thorough investigation shall be conducted on all legitimate complaints of discriminatory harassment. The complainant shall provide the following information to the investigator to determine whether a full-scale investigation is warranted:

1. Specific details as to what happened
2. Who was directly or indirectly involved
3. When the incident(s) occurred (date and time)
4. Witnesses to the event(s)
5. Documents or other evidence that may be useful to the investigation
6. Why the complainant believes that their protected status, i.e. race, gender, age, etc., is the reason for the adverse action(s) or conduct
7. How the treatment of the complainant differs from the treatment of other similarly situated employees who do not share the complainant's protected status.

Retaliation Warning

Retaliation against anyone making a complaint, acting as a witness, or participation in the investigation is a violation of law and department policy, and is strictly prohibited. Retaliation complaints shall be investigated as a separate charge and persons found in violation may be subjected to discipline up to and including discharge.

False Reporting

Disciplinary action may be taken against employees who knowingly file false or baseless complaints. In addition, a false or baseless complaint could lead to an employee being held responsible for harassing the accused. Civility and professionalism is a basic expectation of Willmar Public Schools. Falsely or baselessly accusing someone of harassment or discrimination is unethical conduct. Harassing or discriminating behavior is prohibited.

Additional Assistance and Information

Willmar Public Schools has an obligation to investigate complaints and take appropriate action even if the complainant does not wish to proceed with an internal investigation. The complainant's identity and complaint may be subjected to disclosure pursuant to the investigation and resolution of the complaint.

Information contained in this form will be kept confidential to the extent allowed by law, and as is practical to conduct a complete and thorough investigation.

If you have questions regarding this form or the investigative process, please contact the Director of Human Resources at **(320) 231-8520**.

I UNDERSTAND THAT I AM RESPONSIBLE FOR PREPARING TWO (2) COPIES OF THIS FORM. ONE (1) COPY I WILL FORWARD TO:

**Attention: Elizabeth Fischer, Director of Human Resources
Willmar Public Schools
611 5th St SW
Willmar, MN 56201**



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Link to Policy

[Harassment and Violence Policy #413](#)