

Series 4000: District Employment

4100 Employee Rights and Responsibilities

4104-F-1 Discrimination/Retaliation Complaint Form

Employees, Officers, Contractors, Volunteers, Visitors, or other Non-Students shall use this form to report allegations of discrimination (including unlawful harassment) or unlawful retaliation.

Complaint No: _____

Complainant's Information

First Name Initial Last Name

Street Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

Position Held: _____

Supervisor's Name: _____

Complaint Details

Complaint: _____

Identify type of discrimination, harassment, or retaliation:

- | | | |
|---|---|--|
| ☐ Age | ☐ Gender | ☐ National Origin |
| ☐ Marital Status | ☐ Race | ☐ Pregnancy |
| ☐ Disability | ☐ Gender Identity | ☐ Sexual Orientation |
| ☐ Religion | ☐ Military Service | ☐ Genetic Information |
| ☐ Height | ☐ Weight | ☐ Retaliation |
| ☐ Sex: | ☐ Other: _____ | |

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Did the Complainant report the discrimination, including unlawful harassment, or retaliation to the Supervisor? ☐ Yes ☐ No

What additional facts show that a person discriminated, harassed, or retaliated against the Complainant?

Known Witnesses: _____

Additional sheets or documents may be attached to this complaint, if necessary.

What is the best way to contact you? ☐ Email ☐ Phone

Retaliation against a person who reports discrimination, including unlawful harassment, is prohibited.

Complainant's Signature

Date

Please Print/Type Name

Internal Use Only

Date outcome of investigation reported to Complainant: _____

Adopted: January 9, 2025