STANWOOD-CAMANO
SCHOOL DISTRICT
26920 Pioneer Highway ♦ Stanwood, WA 98292 ♦ 360-629-1200 ♦ Fax 360-629-1242
www.stanwood.wednet.edu

Employee Discrimination Complaint Form

The district will provide equal employment opportunity and treatment for all applicants and staff in recruitment, hiring, retention, assignment, transfer, promotion and training. Such equal employment opportunity shall be provided without discrimination with respect to a legal protected characteristic, which include the following: sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, homelessness, immigration, or citizenship status, the presence of any sensory, mental, or physical disability, neurodivergence, or the use of a trained dog guide or service animal by a person with a disability.

COMPLAINANT INFORMATION:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Circle one
Employee Other (Specify): _____

Place of Work/School: _____ Title/Grade: _____

INCIDENT INFORMATION:

Name of Alleged Perpetrator: _____ Title: _____

WHEN did the alleged incident(s) occur? _____

WHERE did the alleged incident(s) occur? _____

WITNESS INFORMATION:

List any witness(es) who may have seen or who may know something about the alleged harassment/discrimination:

_____

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Are you aware of others who may be subject to harassment or discrimination by the individual against whom this complaint is made? **YES** **NO**

If yes, who? _____

_____

Identify the specific behavior or conduct that led you to believe you were discriminated against or harassed. Include which category in the district's nondiscrimination statement that you feel applies to this situation. Include dates, times, places, witnesses (names, addresses, phone numbers) and other specific information related to the occurrences(s). Also include such things as whether any force was used, as well as what, if any verbal or non-verbal gestures were made (i.e., threats, requests, demands, etc.). You may use additional sheets of paper if necessary.

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CERTIFICATION

I hereby certify that the information in this complaint is true, correct, and complete to the best of my knowledge.

_____ _____

Complainant's Signature Date Filed

_____ _____

Received By Date Received

**Please return the form to Christine Del Pozo, Executive Director of Human Resources, at the district office.