

DISCRIMINATION/HARASSMENT COMPLAINT FORM

The Dallas Independent School District prohibits discrimination, including harassment, against an employee on the basis of race, color, religion, sex, gender, national origin, age, disability, genetic information, pregnancy, or any other basis prohibited by law.

PURPOSE:

The purpose of this discrimination/harassment complaint form is to gather the essential basic facts of the alleged actions in order that prompt and equitable resolutions of complaints can be achieved as expediently and appropriately as possible.

This form **only applies** to complaints alleging discrimination and harassment.

DEFINITIONS:

Discrimination in the workplace may payout in these forms or actions: Appointment, Awards, Promotion, Demotion, Reprimand, Suspension, Termination, Duty hours, Working conditions, Performance Evaluation, Harassment, Sexual Harassment, Pay/overtime, Reassignment, Time and Attendance, Training, Retirement, Reasonable Accommodations.

Discrimination: District Board Policy DIA (LOCAL) defines discrimination as conduct directed at an employee on the basis of race, color, religion, sex, gender, national origin, age, disability, genetic information, pregnancy, or any other basis prohibited by law that adversely affects the employee's employment.

Sexual Harassment: According to District Board Policy DIA (LOCAL), sexual harassment is a form of sex discrimination defined as un-welcome sexual advances; requests for sexual favors; sexually motivated physical, verbal, or nonverbal conduct; or other conduct or communication of a sexual nature when:

1. Submission to the conduct is either explicitly or implicitly a condition of an employee's employment;
2. Submission to or rejection of the conduct is the basis for an employment action affecting the employee; or
3. The conduct is so severe, persistent, or pervasive that it has the purpose or effect of unreasonably interfering with the employee's work performance or creates an intimidating, threatening, hostile, or offensive work environment.

Sexual harassment may include the above conduct between persons of the same gender.

Harassment: Harassment on the basis of a protected characteristic is a violation of the federal anti-discrimination laws. A district has an affirmative duty, under Title VII, to maintain a working environment free of harassment on the basis of sex, race, color, religion, d national origin age, disability, genetic information, pregnancy, or any other basis prohibited by law, when the conduct is so severe, persistent, or pervasive that the conduct:

1. Has the purpose or effect of unreasonably interfering with the employee's work performance.
2. Creates an intimidating, threatening, hostile, or offensive work environment; or
3. Otherwise adversely affects the employee's performance, environment, or employment opportunities.

Examples of prohibited harassment may include offensive or derogatory language directed at another person's religious beliefs or practices, accent, skin color, or need for workplace accommodation; threatening or intimidating conduct; offensive jokes, name-calling, slurs, or rumors; physical aggression or assault; display of graffiti or printed material promoting racial, ethnic, or other stereotypes; or other types of aggressive conduct such as theft or damage to property.

Retaliation: The District prohibits retaliation (adverse action) against an employee who makes a claim alleging to have experienced or opposed an unlawful discriminatory practice or harassment, or another employee who, in good faith, makes a report, serves as a witness, or otherwise participates in an investigation (protected activity). Examples of retaliation may

include termination, refusal to hire, demotion, and denial of promotion. Retaliation may also include threats, unjustified negative evaluations, negative references, or increased surveillance.

Workplace Bullying (Employee/Employer misconduct): Is engaging in written or verbal expression, expression through electronic means, or through physical conduct that occurs in the workplace that:

1. Has the effect or will have the effect of physically harming another employee, damaging the employee's property, or placing the employee in reasonable fear of harm;
2. Is so sufficiently severe, persistent, and pervasive that the action or threat creates an intimidating, threatening, or abusive work environment for the employee;
3. Exploits an imbalance of power between the perpetrator and the victim; or
4. Interferes with the victim's employment or substantially disrupts the operation of the work location.

INSTRUCTIONS:

Individuals alleging discrimination and requesting review are required to complete this form, sign it, and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination. Failure to sign this form *may* result in closure of the complaint without an investigation:

Ana Anderson, Equal Opportunity Compliance Manager
9400 North Central Expressway, Suite 1360
Dallas, Texas 75231
972-925-5316
Email: anaanderson@dallasisd.org

Please complete all sections of this form. Be specific as possible when discussing the incidents. Include the date(s), the incident(s) occurred, the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the incident(s). Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process.

If you have questions regarding the complaint process and/or the complaint form, please contact the EO Compliance Manager.

You may send the form to the EO Compliance Manager via email, which is the preferred method. Also, please keep a copy of this form for your records.

PERSONAL INFORMATION (Please Print):

Case Number: _____

Complainant's Name: _____

Email: _____

Home Address _____

City _____ State _____ Zip code _____

Phone Numbers: (Cell) _____ Work _____

Employee ID: _____ Job Title: _____

Employee's School/Office Location: _____

Employee's Supervisor: _____

Type of Complaint:

Discrimination based on: (Check all that apply)

- ☐ Race ☐ Age (40+) ☐ Sex ☐ Religion ☐ Physical/Mental Disability ☐ Other (Specify)
- ☐ National Origin ☐ Genetic Information ☐ Pregnancy

Discriminatory Practice:

- ☐ Sexual Harassment ☐ Promotion ☐ Recruitment ☐ Reduction-in-Force (RIF) ☐ Hiring/Selection
- ☐ Performance Appraisal ☐ Termination ☐ Demotion ☐ Other (Specify) _____

Retaliation:

- ☐ Request of Reasonable Accommodation ☐ Request of Religious Accommodation ☐ Participation in an Investigation
- ☐ Hostile Work Environment ☐ Filed Previous Discrimination Claim (Date: _____)
- ☐ Other (Specify) _____

Date Incident(s) Occurred:

Earliest _____

Latest _____

- ☐ Continuing Action

Person(s) allegedly discriminating against or harassing you or someone you know:

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Nature of Complaint: Please describe your complaint against the named person(s) in the previous section. Specifically, how the person(s) sexually harassed you, discriminated against you, and or retaliated against you. Please describe the behavior, comments, or incidents that caused you to file your complaint. (Identify: Who, What, When, and Where)

Please attach additional sheets, if necessary.

Were there any witnesses to this matter? (Please circle) Yes No

If yes, please those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Did you discuss this matter with any of the witnesses previously identified? (Please circle) Yes No

Name: _____ Date: _____

Method or Communication: _____

Please identify any administrators, District employees, or law enforcement agency to whom you have reported your concerns:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Desired Outcome:

How would you like the District to resolve your complaint?

ADDITIONAL INFORMATION

A District investigator will investigate the circumstances involving your complaint and will interview you and the person(s) named by you in your complaint to attempt resolution. The District may, at its discretion, contact others during the course of its investigation.

You may request that your identity remain anonymous; however, this may prevent the District from conducting an effective investigation and could possibly impact the District's ability to resolve your complaint.

It is both illegal and against District policy for anyone to retaliate against you for filing your complaint. Please contact the EO Compliance Manager immediately if you or any witness experience any retaliation or negative repercussions as a result of filing your complaint. In the same manner, retaliation is prohibited against the subject of complaints.

In addition to filing this complaint, you have the right to file a similar complaint with an external agency, such as local law enforcement agencies, the Equal Employment Opportunity Commission (EEOC) or the federal Department of Education, Office of Civil Rights (OCR).

AFFIRMATION

I affirm that the information and documentation I have provided with regard to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information or information that I do not believe to be true in this complaint form or during the investigation may subject me to disciplinary action.

Signature: _____ Date: _____

To be completed by District Representative

Date received: _____

By EO Manager (Name): _____

Assigned to _____ on _____ for investigation.

Signed: _____