Personnel - All Employees

Anti-discrimination, Anti-harassment, and Anti-retaliation
Complaint Form - Discrimination, Harassment or Retaliation

Omaha Public Schools does not discriminate on the basis of race, color, national origin, religion, sex (including pregnancy), marital status, sexual orientation, disability, age, genetic information, gender identity, gender expression, citizenship status, veteran status, political affiliation or economic status in its programs, activities and employment and provides equal access to the Boy Scouts and other designated youth groups. This complaint form is to be used when a person has a complaint related to discrimination, harassment or retaliation on such bases in regard to employment or the programs and activities of the school district.

Refer to Board Policy 4003 for the particulars of the complaint and grievance process. You may attach additional materials to this form if needed.

The following individual has been designated to address inquiries regarding the non-discrimination policies: Superintendent of Schools, 3215 Cuming Street, Omaha, NE 68131 (531-299-0310). The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Chief Talent Officer, 3215 Cuming Street, Omaha, NE 68131 (531) 299-0240.

Name: _____ Date: _____

(1) Description of the complaint: _____
_____
_____
_____
_____.

(2) Names of any witnesses to the matter being complained about: _____
_____
_____.

(3) Identify and attach any document supporting the complaint: _____
_____.

(4) Confidentiality: I ___ do___ do not give consent to my identity being shared with the person(s) against whom I am complaining. If I do not give consent, I understand that the investigation may be hindered, but that the District will nonetheless investigate and take prompt and effective action to remediate the concerns I have raised, if appropriate.

_____
_____.

(5) Relief requested (what I want done in response to this complaint):

_____
_____.

The undersigned states: The facts in this complaint are true to the best of my knowledge, information and belief. I give permission for an investigation to be made into this complaint. I understand that the District will take steps to prevent me being retaliated against for filing this complaint, that I am to notify the District if any such retaliation occurs, and that the District will take prompt and strong responsive action if retaliation occurs.

Signature:_____

Received by: _____ Date: _____