# STAFFORD MUNICIPAL SCHOOL DISTRICT

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) COMPLAINT FORM

**Employment Discrimination, Harassment, and Retaliation | Board Policies DAA and DIA**

**Purpose and confidentiality:** Use this form to report alleged employment discrimination, harassment, or retaliation. Information will be shared only as needed to review and respond to the complaint, subject to applicable law, Board policy, and public-record requirements.

**Important filing notice:** Submit this form promptly to Human Resources, the employee's supervisor, or another appropriate District administrator. Filing this form does not replace or extend deadlines under DGBA(LOCAL), Title IX procedures, an employment contract, the Texas Commission on Human Rights Act, or the U.S. Equal Employment Opportunity Commission. Contact Human Resources promptly if assistance is needed.

### DISTRICT USE

| | | | |
|---|---|---|---|
| **EEO case number:** | | **Date received:** | |
| **Received by:** | | **Method received:** | |

### COMPLAINANT INFORMATION

| | | | |
|---|---|---|---|
| **First name:** | | **Middle initial:** | |
| **Last name:** | | | |
| **Employee ID:** | | **Position/Title:** | |
| **Campus/Department:** | | **Business phone:** | |
| **Supervisor:** | | | |
| **Home/Mailing address:** | | | |
| **Personal phone:** | | **Preferred email:** | |

### BASIS OF COMPLAINT - CHECK ALL THAT APPLY

☐ Race ☐ Color ☐ Religion ☐ Sex ☐ Pregnancy ☐ Sexual orientation

☐ Age ☐ National origin ☐ Disability ☐ Retaliation ☐ Gender identity

### RESPONDENT INFORMATION

List each person's name, title against whom you are filing this complaint.

| | | | |
|---|---|---|---|
| **Name:** | | **Title/Role:** | |
| **Name:** | | **Title/Role:** | |
| **Name:** | | **Title/Role:** | |

### STATEMENT OF COMPLAINT

**1. Describe each alleged discriminatory, harassing, or retaliatory incident. Include who was involved; what occurred; and when, where, why, and how it occurred. Include dates or approximate dates.**

**2. Explain how you responded to each incident and identify any person to whom you previously reported the concern, including the date and response received.**

**3. State the specific remedy or outcome requested.**

## WITNESSES

Identify individuals who may have relevant information. Attach an additional page if needed.

| | | | |
|---|---|---|---|
| **Witness name:** | | **Phone/Email:** | |
| **Witness name:** | | **Phone/Email:** | |
| **Witness name:** | | **Phone/Email:** | |

## SUPPORTING INFORMATION

☐ Documents attached ☐ Emails/messages attached ☐ Photos/audio/video identified ☐ Additional pages attached

## CERTIFICATION AND ACKNOWLEDGMENT

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

Complainant Signature Date

**Submission:** Submit to the Stafford Municipal School District Human Resources Department at humanresources@staffordmsd.org or deliver to the Human Resources office. Keep a copy of the completed form and all attachments.