

Employee - Complaint of Discrimination and/or Unlawful Harassment

Name of complainant: _____ Position/Location: _____

Date of complaint: _____ Contact information: _____

Name(s) of alleged unlawful harasser(s) and/or persons who allegedly discriminated against complainant:

The alleged discrimination and/or harassment is based upon the complainant's (circle ALL that apply):
RACE - COLOR - NATIONAL ORIGIN - SEX (includes sexual harassment) – AGE - DISABILITY -
RELIGION - SEXUAL ORIENTATION - MARITAL STATUS – ANCESTRY – GENETIC INFO.

Date(s) and place(s) of alleged discrimination and/or harassment: _____

Name(s) of any witness(es) (if any): _____

List of documentary evidence (if any): _____

Statement of the facts supporting this complaint of discrimination and/or unlawful harassment (use back of form or attach additional pages if necessary):

School Official who received the complaint

Signature of complainant

DATE: _____