

**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: \_\_\_\_\_