

**COMPLAINT FORM TO REPORT EMPLOYMENT DISCRIMINATION,
HARASSMENT, OR WORKPLACE BULLYING**

511-E

**Complaint of employment discrimination, harassment, workplace bullying,
retaliation, or other violation of School Board Policy 511 or 512**

(please print clearly, complete all lines, and attach additional sheets where necessary)

1. Name, Telephone Number, and Mailing Address of the Individual Filing the Complaint:

2. This complaint concerns (check all that apply):

- Discrimination against or the harassment of an individual based on the individual's legally-protected status (e.g., race, sex, age, disability, religion, etc.)
- Inappropriate retaliation taken against an individual, in violation of a law or a District policy
- Workplace harassment or bullying that is based on a factor (such as personal animosity) other than a person's legally-protected status
- Other: _____

3. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, sex, age, disability, religion, etc.)?

- No.
- Yes. List **each** protected status/category that you feel is relevant to the allegations made in this complaint:

4. What is the name of **each** person who is the alleged target or victim of the improper conduct identified in this complaint?

5. Is each person who you identified in response to Question 4, above, either an employee of the District, a former employee, or an applicant for employment with the District?

- Yes.
- No. Please explain any exceptions. _____

6. Identify the approximate **date(s)** that the relevant events occurred (or, if the concern is ongoing, identify the date that the events/conduct began). Please use mm/dd/year format.

7. To your knowledge and in relation to this complaint, **is anyone's health or safety in imminent danger** such that you believe immediate action is needed to alleviate that danger?

- No.
- Yes. Please identify the person(s) and indicate whether you have contacted law enforcement: _____

8. Please list any **district officials, administrators, or supervisor(s)** who you allege are responsible parties in connection with this complaint (if any):

9. List any other **school district employees** who you allege are responsible parties in connection with this complaint (if any):

10. List any **other persons** who you allege are responsible parties in connection with this complaint (if any), indicating his/her role (e.g., "John Smith (volunteer coach)"): _____

11. Please list known **witnesses to key events**, indicating whether they are an employee, student, parent, etc. (e.g., "John Smith (employee)"): _____

12. Please describe the **basic nature of the complaint/allegations** and identify the issue(s) to be resolved (e.g., identify what happened, when it happened, who was involved, whether it is an ongoing problem, etc.):

13. Please identify the **relief or remedy** that you would like the School District to provide in order to resolve this complaint:

14. Have you already attempted to address this matter informally with a supervisor, administrator, or any of the responsible parties?

No.

Yes. Please describe those attempts and identify the outcome/response to date: _____

15. Please **sign and date** this form (for complaints submitted by multiple people, please submit separate forms or add an additional signature page). Your signature is your assurance that the information provided in this complaint is complete and accurate to the best of your knowledge.

Signature _____ Date _____

Lines below are for school district office use only

1. Identify the **name and title** of the person who received this form on behalf of the School District, and identify the **date of receipt**:

| Name | Title | Date of Receipt by the District |
|------|-------|---------------------------------|
| | | |

| | |
|--|--|
| <p>2. Identify the method of receipt:</p> <p><input type="checkbox"/> Hand delivery</p> <p><input type="checkbox"/> U.S. mail</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Inter-office mail</p> <p><input type="checkbox"/> Other</p> <p>_____</p> | <p>3. By number, identify the items on this form (if any) which were blank at the time the form was initially filed with the District:</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>4. Identify the supervisor(s) or administrator(s) who have been notified of the District's receipt of this complaint as of the date of receipt:</p> | <p>5. Identify the supervisor or administrator who is assigned primary responsibility for providing an initial administrative response to the complaint:</p> |
| <p>6. Other information the District wishes to document related to the receipt of this complaint:</p> | |

Adoption Date: 09/15/2020