

COMPLAINT OF DISCRIMINATION OR HARASSMENT

This form is to be filed as a part of the Formal Procedure in order to initiate a complaint of alleged discrimination or harassment prohibited by the District's Policy against Discrimination and Harassment. (Policy No. 5010)

Your Name:

Address:

City: _____ State: _____ Zip Code:

Home Phone Number: () _____

Cell Phone Number: () _____

Status: (Circle one) **Instructional Staff** **Non-Instructional Staff** **Other**

Basis of discrimination and/or harassment (check as many as are applicable):

Race____ Gender____ National Origin____ Religion____ Age____

Disability____ Sexual Orientation____ Marital Status____ Retaliation____

Time(s) and Date(s) incidents of discrimination (and/or harassment) took place:

Have you also filed this charge with a Federal, State, or Local Government agency?

Yes _____ No _____

Name(s) and office address of the individual who allegedly discriminated against you or harassed you. If more than one, list all.

Name: _____

Office/Location: _____

Describe the incidents which occurred and your reason for concluding that it is/was discriminatory (use extra sheet if necessary).

Describe briefly what you would consider to be appropriate resolution of the conduct described above. (The District at all times retains sole discretion and authority to determine the appropriate disciplinary and/or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

Identify all persons who witnessed the incidents described above:

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

Complainant's Signature

Date

Received by:

Date