

BOARD POLICY 5180 DISCRIMINATION OR HARASSMENT COMPLAINT FORM

YOUR INFORMATION:

Name: _____
Personal Phone: _____
Work Phone: _____
Email: _____

I am (check one):

- An Employee
- A Contractor
- Other _____

SPECIFIC COMPLAINT:

1. The name of the person(s) about whom you are complaining:

Name: _____ Title: _____

This person is a An employee, A student, or other, please specify: _____

2. Describe the conduct or incident(s) that are the basis of this complaint. Use additional paper if necessary.

3. Date(s) the conduct occurred if known: _____

Is the conduct presently continuing? Yes No

4. List the name and contact information of any witnesses or individuals that may have information related to your complaint. Use additional paper if necessary.

5. Have you previously complained or provided information (verbal or written) about this complaint? If yes, when and to whom?

Print Name: _____

Signature: _____

Date: _____