

Series 4000: District Employment

4100 Employee Rights and Responsibilities

4104-F Discrimination/Retaliation Complaint Form

Employees, Officers, Contractors, Volunteers, Visitors, or other Non-Students shall use this form to report allegations of discrimination (including unlawful harassment) or unlawful retaliation.

Complaint No: _____

Complainant's Information

First Name	Initial	Last Name

Street Address	_____	
City, State & Zip	_____	
Phone Number	_____	
Email Address	_____	
Position Held	_____	
Supervisor's Name	_____	

Complaint: _____

Identify type of discrimination, harassment, or retaliation:

- | | | |
|---|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Military Service | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Height | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Retaliation | |

Did the Complainant report the discrimination, including unlawful harassment, or retaliation to the Supervisor? Yes No

What additional facts show that a person discriminated, harassed, or retaliated against the Complainant? _____

Known Witnesses: _____

Additional sheets or documents may be attached to this complaint, if necessary.

What is the best way to contact you? Email Phone

Retaliation against a person who reports discrimination, including unlawful harassment, is prohibited.

Complainant's Signature

Date

Please Print/Type Name

Internal Use Only

Date outcome of investigation reported to Complainant: _____