

If you believe that others are affected by the alleged discrimination/harassment, please provide their name and positions:

If you wish, please describe any corrective action you would like to be taken in response to this complaint:

Signature of person filing complaint: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date complaint received: _____

If you need any assistance completing this form or filing this complaint, please request assistance from (insert name, position, address, office number and telephone number).

Submit all copies of the complaint to the Equity Coordinator (Superintendent) or his/her administrative assistant. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school, department, or individual named as the responsible party and one copy will be retained by the Director of Human Resources.

DISTRIBUTION: 1st copy – Superintendent
 2nd copy – School/department/individual named as responsible party
 3rd copy – Complainant