

HARASSMENT OR DISCRIMINATION COMPLAINT FORM



Name: _____
Last
First

Address: _____
Street or P.O. Box
City
State
Zip

Phone: (____) _____ Email: _____

I am a: Student Employee Other (describe):

I wish to complain against (first and last name if known): _____

Complaint: *(Select at least one)*

	<p>A. I allege sexual harassment or retaliation protected under Title IX <u>and</u> request the District initiate an investigation. <i>(Note: This option creates a Title IX Formal Complaint, and the District may proceed with supportive measures, informal resolution, and discipline after following its grievance process.)</i></p>																								
	<p>B. I allege sexual harassment or retaliation protected under Title IX and <u>do not</u> want the District to initiate an investigation. <i>(Note: This option <u>does not</u> create a Title IX Formal Complaint, and the District may only proceed with supportive measures.)</i></p>																								
	<p>C. I allege harassment or discrimination based on the following category protected under title 5 <i>(select at least one)</i>:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Age</td> <td style="width: 33%;"><input type="checkbox"/> Mental Disability</td> <td style="width: 33%;"><input type="checkbox"/> Religion</td> </tr> <tr> <td><input type="checkbox"/> Ancestry</td> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Retaliation**</td> </tr> <tr> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Physical</td> <td><input type="checkbox"/> Sex/Gender (includes</td> </tr> <tr> <td><input type="checkbox"/> Ethnic Group</td> <td><input type="checkbox"/> Disability</td> <td style="padding-left: 20px;">Harassment)*</td> </tr> <tr> <td><input type="checkbox"/> Identification</td> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Genetic Information</td> <td></td> <td><input type="checkbox"/> Perceived to be in protected</td> </tr> <tr> <td></td> <td></td> <td style="padding-left: 20px;">category or associated with those</td> </tr> <tr> <td></td> <td></td> <td style="padding-left: 20px;">in protected category</td> </tr> </table> <p><i>(Note: The District may request you also provide an Unlawful Discrimination Complaint Form if you select this option.)</i></p>	<input type="checkbox"/> Age	<input type="checkbox"/> Mental Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Ancestry	<input type="checkbox"/> National Origin	<input type="checkbox"/> Retaliation**	<input type="checkbox"/> Color	<input type="checkbox"/> Physical	<input type="checkbox"/> Sex/Gender (includes	<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Disability	Harassment)*	<input type="checkbox"/> Identification	<input type="checkbox"/> Race	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Genetic Information		<input type="checkbox"/> Perceived to be in protected			category or associated with those			in protected category
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* Individuals making a Complaint of harassment based on sex/gender that meets the definition of sexual harassment under Title IX and that occurred within the United States must choose either option A or B.

Describe your Complaint. Describe each incident of alleged harassment or discrimination separately. For each incident provide the following information:

- 1) date(s) the action occurred
- 2) name of individual(s) who harassed or discriminated
- 3) what happened
- 4) witnesses (if any)

5) why you believe the harassment or discrimination was based on the category you indicated above.

**If applicable, explain why you believe you were retaliated against for filing a Complaint or asserting your right to be free from discrimination on any of the above grounds. (Attach additional pages as necessary.)

What would you like the District to do as a result of your Complaint – what remedy are you seeking?

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date