

**SCHOOL DISTRICT OF WAUZEKA-STEUBEN**

**COMPLAINT FORM TO REPORT EMPLOYMENT DISCRIMINATION,  
HARASSMENT OR WORKPLACE BULLYING**

The following is a sample form to use in reporting complaints of employment discrimination, harassment, workplace bullying, retaliation, or other violation of the district’s equal opportunity employment policy. It can be used for filing complaints under Policy 511 and Policy 512.)

<b>Complaint of employment discrimination, harassment, workplace bullying, retaliation, or other violation of School Board Policy 511 or 512</b> (please print clearly, complete <u>all</u> lines, and attach additional sheets where necessary)	
1. Name, Telephone Number, and Mailing Address of the Individual Filing the Complaint:  _____	
2. This complaint concerns (check all that apply):  <input type="checkbox"/> Discrimination against or the harassment of an individual based on the individual’s legally-protected status (e.g., race, sex, age, disability, religion, etc.)  <input type="checkbox"/> Inappropriate retaliation taken against an individual, in violation of a law or a District policy  <input type="checkbox"/> Workplace harassment or bullying that is based on a factor (such as personal animosity) other than a person’s legally-protected status  <input type="checkbox"/> Other: _____ _____ _____	4. What is the name of <b>each</b> person who is the alleged target or victim of the improper conduct identified in this complaint?  _____ _____ _____
3. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual’s legally-protected status (e.g., race, sex, age, disability, religion, etc.)?  <input type="checkbox"/> No.  <input type="checkbox"/> Yes. List <b>each</b> protected status/category that you feel is relevant to the allegations made in this complaint:  _____ _____ _____	5. Is each person who you identified in response to Question 4, above, either an employee of the District, a former employee, or an applicant for employment with the District?  <input type="checkbox"/> Yes. <input type="checkbox"/> No. Please explain any exceptions. _____ _____ _____
6. Identify the approximate <b>date(s)</b> that the relevant events occurred (or, if the concern is ongoing, identify the date that the events/conduct began). Please use mm/dd/year format.  _____ _____	
7. To your knowledge and in relation to this complaint, <b>is anyone’s health or safety in imminent danger</b> such that you believe immediate action is needed to alleviate that danger?  <input type="checkbox"/> No. <input type="checkbox"/> Yes. Please identify the person(s) and indicate whether you have contacted law enforcement:  _____ _____ _____	
8. Please list any <b>district officials, administrators, or supervisor(s)</b> who you allege are responsible parties in connection with this complaint (if any):  _____	
9. List any other <b>school district employees</b> who you allege are responsible parties in connection with this complaint (if any):  _____	
10. List any <b>other persons</b> who you allege are responsible parties in connection with this complaint (if any), indicating his/her role (e.g., “John Smith (volunteer coach)”):  _____	

11. Please list known **witnesses to key events**, indicating whether they are an employee, student, parent, etc. (e.g., "John Smith (employee)"): \_\_\_\_\_

12. Please describe the **basic nature of the complaint/allegations** and identify the issue(s) to be resolved (e.g., identify what happened, when it happened, who was involved, whether it is an ongoing problem, etc.): \_\_\_\_\_

13. Please identify the **relief or remedy** that you would like the School District to provide in order to resolve this complaint: \_\_\_\_\_

14. Have you already attempted to address this matter informally with a supervisor, administrator, or any of the responsible parties?  
 No.  
 Yes. Please describe those attempts and identify the outcome/response to date: \_\_\_\_\_

15. Please **sign and date** this form (for complaints submitted by multiple people, please submit separate forms or add an additional signature page). Your signature is your assurance that the information provided in this complaint is complete and accurate to the best of your knowledge.  
 \_\_\_\_\_  
 Signature Date

**Lines below are for school district office use only**

1. Identify the **name and title** of the person who received this form on behalf of the School District, and identify the **date of receipt**:

Name	Title	Date of Receipt by the District

2. Identify the method of receipt:  
 Hand delivery  
 U.S. mail  
 Email  
 Inter-office mail  
 Other \_\_\_\_\_

3. By number, identify the items on this form (if any) which were blank at the time the form was initially filed with the District:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Identify the **supervisor(s) or administrator(s)** who have been notified of the District's receipt of this complaint as of the date of receipt:

5. Identify the **supervisor or administrator** who is assigned primary responsibility for providing an initial administrative response to the complaint:

6. Other information the District wishes to document related to the receipt of this complaint: