

Discrimination or Harassment Complaint Form

If you believe that you or another person has been subjected to discrimination or harassment, this form may be used to file a complaint. If you are unsure what constitutes discrimination or harassment, kindly refer to our harassment policy. When completing the form, please provide as much detail as possible as the information will be used to assist in the investigation of your complaint. Submit the completed form to the Director or any Board of Trustee members.

Your Name: _____

Your Contact Information (Phone Number or Email): _____

Name(s) of Alleged Victim(s): _____

Name(s) of Alleged Harasser(s): _____

Detailed statement of the incident(s) including dates, times, places, and names of witnesses. Attach additional sheets as needed.

Are there documents, emails, text messages, etc. which contain information supporting this incident(s) described above? If so, please describe or attach a copy.

To investigate this report, it will be necessary to interview you, the alleged victim(s), the alleged harasser(s), and any witnesses with knowledge of the allegation(s). To the extent possible, the investigation and any resulting management action will be handled in a confidential manner.

Retaliation against an individual who has complained about discrimination or harassment or who has cooperated with an investigation of the same is unlawful and will not be tolerated.

The information provided in this report is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my report.

Signature of Reporting Person: _____ Date: _____