

**Harassment/Discrimination Reporting Form**

This form provides the opportunity for an **individual** to report violation(s) of Board Policy **02.21** and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
City State Zip Code

Home Phone Number: \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Work Location or School \_\_\_\_\_

**CONFIDENTIALITY**

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

**HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)**

Date(s)/approximate time of the alleged incident(s): \_\_\_\_\_

Place alleged incident(s) occurred: \_\_\_\_\_

What type of harassment or discrimination was involved in the alleged incident?

- sexual       racial       on the basis of national origin       on the basis of disability
- other type of harassment/discrimination? If other, specify: \_\_\_\_\_

Name of person you believe is guilty of harassment or discrimination: \_\_\_\_\_

Position: \_\_\_\_\_

If the alleged behavior was directed toward another person, name that person: \_\_\_\_\_

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. \_\_\_\_\_

\_\_\_\_\_

List any witnesses to these events: \_\_\_\_\_

***PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).***

**WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM?** \_\_\_\_\_

\_\_\_\_\_

Action  
step 1o

**Potential remedies may include such action as personnel action, measures to protect the victim, action against a visitor, action against a student offender, or counseling or other assistance to the victim.**

**Harassment/Discrimination Reporting Form**

*I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Date*

**NOTE:**

- **Employees wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District’s school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, [program.intake@usda.gov](mailto:program.intake@usda.gov).**

**[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)**