

**Series 4000: District Employment**

**4100 Employee Rights and Responsibilities**

**4104-F-1 Discrimination/Retaliation Complaint Form**

**Employees, Officers, Contractors, Volunteers, Visitors, or other Non-Students shall use this form to report allegations of discrimination (including unlawful harassment) or unlawful retaliation.**

Complaint No: \_\_\_\_\_

**Complainant's Information**

\_\_\_\_\_

First Name	Initial	Last Name
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Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

**Complaint Details**

Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify type of discrimination, harassment, or retaliation:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Age            | <input type="checkbox"/> Gender           | <input type="checkbox"/> National Origin     |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Race             | <input type="checkbox"/> Pregnancy           |
| <input type="checkbox"/> Disability     | <input type="checkbox"/> Gender Identity  | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Religion       | <input type="checkbox"/> Military Service | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Height         | <input type="checkbox"/> Weight           | <input type="checkbox"/> Retaliation         |
| <input type="checkbox"/> Sex:           | <input type="checkbox"/> Other: _____     |  |

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Did the Complainant report the discrimination, including unlawful harassment, or retaliation to the Supervisor?  Yes  No

What additional facts show that a person discriminated, harassed, or retaliated against the Complainant?

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Known Witnesses: \_\_\_\_\_

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Additional sheets or documents may be attached to this complaint, if necessary.

What is the best way to contact you?  Email  Phone

Retaliation against a person who reports discrimination, including unlawful harassment, is prohibited.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print/Type Name

<b>Internal Use Only</b>
Date outcome of investigation reported to Complainant: _____