

## **Board Policy 1300 – Equal Opportunity Complaint Form**

Complainant Name:							
Building Assignment:			Position:				
Home Address:							
Work Address (if WSD Employee):							
Phone:			Email:				
Date(s) of Alleged Incident(s):							
Nature of your complaint (check all that apply):							
	Discrimination						
	Harassment						
	Sexual Harassment						
	Retaliation						
Based on which protected classification (check all that apply):							
	Race		Sexual Orientation				
	Color		Gender Identity				
	National Origin		Disability				
	Ancestry		Age				
	Religion		Genetic Information				
	Sex		Other Characteristics protected by law (identify)				

Information	of Alleged	Victim (if	f someone	other than	Complainant):

Name(s):					
Contact Information:					
Name(s) of Alleged Perpetrators:					
Location where the alleged conduct occ	urred:				
Dates/Times when alleged conduct occurred:					
List of all witnesses who were present:					

Describe the incident with as much detail as possible, including what force (if any) was used, what was said (*e.g.*, threats, insults, requests, demands, etc.), what actions were taken, and any physical conduct that was involved. Attached additional sheets if necessary or desired.

This complaint is based upon my honest belief that the foregoing information is true and accurate. I hereby certify that the information I have provided in this complaint as accurate and complete to the best of my knowledge.

Date

Received By:

\*For Office Use Only\*

Date Received: