

# SCOTT COUNTY SCHOOL DISTRICT

## Unlawful Discrimination/Harassment Complaint Form - Employee

Report Filed by:  Victim  Third Party  Anonymous

### COMPLAINANT INFORMATION

Check one:  Student  Faculty  Staff  Applicant (Student/Employee)  Other

Name \_\_\_\_\_ SS Number \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

(If a student) Classification: \_\_\_\_\_ Grade: \_\_\_\_\_

(If an employee) Position/Title: \_\_\_\_\_

### TYPE OF COMPLAINT (CHECK ALL THAT APPLY)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Age                       | <input type="checkbox"/> National Origin   | <input type="checkbox"/> Sexual Misconduct  |
| <input type="checkbox"/> Bullying (Cyber-Bullying) | <input type="checkbox"/> Race              | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability                | <input type="checkbox"/> Retaliation       | <input type="checkbox"/> Stalking           |
| <input type="checkbox"/> Gender-Based              | <input type="checkbox"/> Religion          | <input type="checkbox"/> Veteran Status     |
| <input type="checkbox"/> Marital Status            | <input type="checkbox"/> Sexual Assault    | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Medical Condition         | <input type="checkbox"/> Sexual Harassment |   |

### RESPONDENT INFORMATION(Person you believe to be responsible for the alleged act)

Name \_\_\_\_\_ Gender  Male  Female Race \_\_\_\_\_

The respondent is:  Student  Faculty  Staff  Other \_\_\_\_\_

(If an employee) Position/Title \_\_\_\_\_ School \_\_\_\_\_

Your relationship to the respondent (if any) \_\_\_\_\_

Date/Time of the alleged incident: \_\_\_\_\_ Location of alleged incident: \_\_\_\_\_

### WITNESSES (Relationship information means co-workers, supervisor, faculty, etc)

_____ Witness 1	_____ Relationship	_____ Phone
_____ Witness 2	_____ Relationship	_____ Phone
_____ Witness 3	_____ Relationship	_____ Phone

**Has this incident been reported to any other department(s) in the SCSD?**

Yes  No If yes, provide the following:

Department/School \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone \_\_\_\_\_ Location: \_\_\_\_\_

Was the incident reported to law enforcement:  Yes  No If yes, what agency? \_\_\_\_\_

**Describe in detail your complaint (Attach additional sheets if necessary)**

Empty box for describing the complaint.

**Describe the corrective action you are seeking (Attach additional sheets if necessary)**

Empty box for describing the corrective action.

**Complainant Certification**

I certify that the information presented in this complaint is true and correct.

\_\_\_\_\_  
(Signature of Complainant)

\_\_\_\_\_  
Date

**For School Use Only**

Complaint taken/received by:

\_\_\_\_\_  
(Signature of Representative)

\_\_\_\_\_  
Date

