GBA – FORM – DISCRIMINATION AND/OR HARASSMENT REPORT

EPPING SCHOOL DISTRICT DISCRIMINATION AND/OR HARASSMENT REPORT FORM

General Statement of Policy Prohibiting Discrimination and/or Harassment

The School District maintains a firm policy prohibiting all forms of discrimination and harassment based on gender, sexual orientation, marital status, race, color, religion, nationality, ethnic origin, age, disability, or genetic information. Harassment against students or employees is discrimination. All persons are to be treated with respect and dignity, and discrimination/harassment will not be tolerated under any circumstances.

Complainant:
Companiant.

Work Address:	

Home Phone:	

Work Phone:	
Work Phone:	

Date of Alleged Incident(s):

Name of person you believe discriminated or harassed you.

List any witnesses that were present.

Where did the incident(s) occur?

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e., threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that ______ has discriminated and/or harassed me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature:

Date: _____

Received by:

Date:

Statutory/Regulatory/Policy/Handbook Cross References

Title II of the Genetic Information Nondiscrimination Act of 2008 Handbook (Referenced in Personnel Handbooks)

APPROVED/REVISED: July 20, 2006, August 18, 2011

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