

Discrimination & Harassment Complaint Form

Sumner School District

Human Resources Department - (253) 891-6025 / FAX (253) 891-6096

The Sumner School District maintains a firm policy prohibiting all forms of unlawful discrimination and harassment. All persons are to be treated with respect and dignity. Sexual advances or other forms of personal harassment by any person, male or female, based on race, color, religion, sex, national origin, disability, age, or other basis protected by law, which create an intimidating, hostile, or offensive environment, will not be tolerated under any circumstances.

SECTION #1: Your Contact Information - Please provide us with your contact information.

Name	
Telephone Number	
Department / Building	
Position / Title	
Supervisor	
Mailing Address	
Type of Discrimination Alleged (check boxes which apply)	
<input type="checkbox"/> Harassing behavior on the basis of _____	<input type="checkbox"/> Hate crime, activity and/or recruitment
<input type="checkbox"/> Discriminatory behavior on the basis of _____	<input type="checkbox"/> Assault – physical, verbal and/or sexual
<input type="checkbox"/> Bullying/peer abuse: physical, verbal and/or sexual	<input type="checkbox"/> Electronic harassment, stalking, threatening physical or sexual harm, and/or discrimination
<input type="checkbox"/> Graffiti and/or display of harassing or discriminatory material	<input type="checkbox"/> Other: Specify _____
Status (check appropriate box) <input type="checkbox"/> Student <input type="checkbox"/> Volunteer <input type="checkbox"/> Staff	
Are you represented by a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide us with the name of your Union Representative's information below.	
Name	_____
Work Location	_____
Phone	_____

SECTION #2: Respondent(s) Information

Name and Information of Person(s) Responsible for the Alleged Discriminatory Conduct

Name	
Telephone Number	
Work Site/Building	
Position / Title	

SECTION #3: Questionnaire

1. Explain the specific actions or situation that caused you to believe you were discriminated against (*treated differently from other employees or applicants*) because of race, color, religion, national origin, sex, age, disability, marital status, sexual orientation, ethnicity, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal.
2. Please include date(s) on which alleged act of discrimination took place and names of witness(es), if any.
3. Describe the incident as clearly as possible, including such things as what force, if any was used; any verbal statements that were made (for example: threats, demands, requests, etc.); what, if any physical contact was involved; what did you do to avoid the situation, etc.
4. What remedy are you seeking? (Attach additional sheets, if necessary.)

