



Discrimination – Harassment Complaint

This form should be completed by the Complainant or the Administrator to whom a complaint of discrimination or harassment has been made.

For Employee complaints, immediately send completed form to the

Employee/Labor Relations Coordinator, (816) 418-7936

For Student complaints, immediately send completed form to the

Anti- Discrimination and Harassment Coordinator, (816)-418-7411

Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe:

Describe why you believe the incident you described was related to your race, sex, or whatever basis you indicated above, or why you believe you were retaliated against:

List and describe all documents, e-mails, records, materials and other evidence pertaining to your complaint:

List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint:

Please submit any additional information pertaining to the alleged discrimination:



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Describe the injury or harm you suffered because of the alleged discrimination:

What would you like the District to do as a result of your complaint -- what remedy are you seeking:

Complaint Acknowledgment:

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender ("respondent"). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe support my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the District deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Signature: _____ Date: _____

Administrator: _____ **Building:** _____

- I have advised the claimant that an allegation of discrimination or harassment is a serious matter that will be investigated pursuant to Board Policy with an optimal degree of confidentiality.
- I have provided the complainant with copies of Board Policy AC, ACA, and ACAA which explain the investigation procedure and appeal rights.
- I have provided the complainant with a copy of this form and submitted the form to either the **Anti-Discrimination and Harassment Coordinator or the Employee/Labor Relations Coordinator.**

Signature: _____ **Date:** _____
(Signature of Administrator) (Date Complaint is Submitted)