

COMPLAINT FORM AC-E

Allegation of Discrimination and/or Harassment

Employee's Name <i>(Last, First, MI)</i>	Employee's ID #	Administrator/Supervisor/Employee (the person completing this form) _____
Employee's School/Department	Employee's Work Phone #	
Employee's Position	Employee's Personal Phone #	

QUESTION 1: WHO DISCRIMINATED AGAINST YOU OR HARASSED YOU?

Name(s)-Alleged Respondent	Title	School/Department

QUESTION 2: WHO WITNESSED THE DISCRIMINATION OR HARASSMENT?

Name(s)-Witnesses	Title	School/Department

QUESTION 3: DESCRIBE THE DETAILS OF THE DISCRIMINATION/HARASSMENT

Specifics – Who, What, Where, How, Who Witnessed and Dates (attach additional pages if needed)

QUESTION 4: DATE DISCRIMINATION TOOK PLACE?		
Earliest	Latest	Continuing Action (yes or no)

QUESTION 5: WHAT IS THE CAUSE OF THE DISCRIMINATION/HARASSMENT? <i>(Check all that apply)</i>

<input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion/Religious Beliefs	<input type="checkbox"/> Sex (male/female) <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Age	<input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation <hr style="width: 50px; margin-left: 0;"/>
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QUESTION 6: HOW HAS THIS BEHAVIOR AFFECTED YOUR EMPLOYMENT WITH TUSD?
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QUESTION 7: WHAT DO YOU PROPOSE AS A SOLUTION TO YOUR COMPLAINT? <i>(Would you feel comfortable participating in mediation with the Respondent?)</i>
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I have read the above complaint and confirm that it is accurate and true, to the best of my knowledge, information and belief.

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

For Administrator Use Only

Name of Senior Official/Administrator Notified: Date Notified:	Name of EEO Officer Notified: Date Notified:
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