

INFORMAL COMPLAINT PROCEDURES REQUEST FORM

(To be completed by the employee or student Complainant and submitted to Responsible District Officer)

Print Complainant Name: _____

Date Filed with Responsible District Officer: _____

I am currently:

_____ A District Employee: Job Title _____ Phone # _____

_____ A student at: (College) _____

Home Address: _____

City, State, Zip Code: _____

Home Telephone () _____ Cell Phone () _____ E mail _____

I have been advised of the District policies and procedures for both Informal and Formal complaints of unlawful discrimination and sexual harassment.

I hereby request an Informal Resolution of my complaint against: _____

Clearly describe your complaint, including applicable dates, times and locations (attached additional sheets as needed):

What would you like the District to do as the result of your complaint (what remedy are you seeking)?

I certify that the information included on this form is true and accurate to the best of my knowledge. I hereby agree to participate in the District's Informal Complaint Procedures process.

Complainant Signature: _____ Date: _____

Responsible District Officer Signature: _____ Date: _____