HUTCHINSON PUBLIC SCHOOLS
Complaint Form

Instructions: Please complete and submit this form to your principal, supervisor, or the human resources director.

Complainant:_____
First Name MI Last Name

Work Location/Assignment:_____Work Phone:_____

Home Address:_____Home Phone:_____
Street City, State Zip

Principal/Supervisor:_____

Alleged complaint in violation of District Policy is based on the following: Check all that apply.

☐ Race ☐ National Origin ☐ Religion ☐ Age ☐ Disability ☐ Bullying
☐ Gender ☐ Sexual Harassment ☐ Other

Respondents:

A. List the name(s) and assignment(s) of individual(s) against whom you are filing this complaint:

Name: Assignment:

Name: Assignment:

Name: Assignment:

Statement of Complaint:

B. Description of alleged discrimination/harassment incident(s) and date(s) of incident(s): Please be as specific as you can to address your allegation(s). Additional information can be attached to this form, if necessary.

_____

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C. Your response or reaction to each incident of alleged discrimination/harassment:

_____

_____

_____

_____

_____

_____

_____

D. Witnesses with telephone numbers for each:

Name: Phone:

Name: Phone:

Name: Phone:

E. Complainant's signature and certification:

I certify that the complaint described on this form is accurate and true to the best of my knowledge. Pursuant to the written complaint I have submitted, I agree that the above statements may be used during any investigation of the case. Appropriate administrators and the accused party will have the opportunity to read and respond to the complaint under strict confidence.

I understand that any retaliation against a complainant is not permitted. Any acts of retaliation must be reported immediately to the Director of Human Resources.

_____
Signature of Complainant Date

For Office Use Only

Received by: _____ Date: _____