

DISCRIMINATION/HARASSMENT COMPLAINT FORM

Department of Human Resources

Lincoln Public Schools

Name _____

Home Phone _____

Street Address _____

City, State & Zip Code _____

Department/Location _____

Job Title _____

Please check all areas that apply to your reason for submitting this complaint:

Discrimination based on:

Race

Sex

National Origin

Age

Color

Disability

(Please also complete and attach the ADA Complaint Form available through the Human Resources Office.)

Religion

Other (Specify) _____

I am being harassed by:

A co-worker

My supervisor

Other _____

Date(s) that discrimination took place _____

Give the name(s) of the person(s) against whom you are complaining: _____

Relief requested: _____

Where I may be contacted: _____

Others who may have information about my complaint (witnesses) and where they may be contacted:

Please state the nature of your complaint. Please attach extra sheets where you provide date(s) and time(s) of incident(s) where possible. _____

I have received and understand the District's Anti-Harassment and Discrimination Policies. I state that the above information is all true and accurate and I consent to the complaint being investigated.

Signature _____ Date _____