

DISCRIMINATION/HARASSMENT COMPLAINT FORM

Department of Human Resources Lincoln Public Schools

Name: _____ Home Phone: _____

Address: _____ City/State/Zip: _____

Department/Location: _____ Job Title: _____

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

Discrimination based on:

- Race Sex Age National Origin Color Disability Religion
 Marital Status Sexual Orientation Gender Identification
 Pregnancy, Childbirth or Related Veteran Status Other (Specify)

I am being harassed by:

- A Co-Worker My Supervisor Other (Specify): _____

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: _____

Return to Associate Superintendent for Human Resources/Title IX Officer