

STUDENT / EMPLOYEE COMPLAINT FORM

Jefferson County Schools

To be used for reporting harassment, sexual harassment or discrimination. Should be completed by the complainant or by the official receiving the report. Original should be hand delivered to the system Complaint Manager.

Policy 5.500, 5.501, 6.304, 6.305

Complainant's Name _____

School / Work Site _____

Work Assignment _____

Home Address _____

(Apt. /Street / Box Number)

(City)

(Zip)

Home Phone _____ Date of Incident _____ Report Date _____

Nature of the Complaint (Provide detailed account of the harassing or discriminatory activity including an exact recitation of words used, details regarding offensive touching, and or the nature of other discriminatory activity. Use additional pages as needed.) _____

Names of other persons outside the school district who may have knowledge of the facts alleged: _____

Names of other staff members with knowledge of the facts alleged: _____

Time & Date this report forwarded to the System Complaint Manager _____

Time & Date of report to the Department of Children's Services (if applicable). _____

(Signature of Complainant)

(Date)

(Signature of Person taking this Report)

(Date)

(Attach additional items or statements as needed if this space is insufficient.)

1 copy to Immediate Supervisor
1 copy to Complainant
1 copy to Director of Schools
Original retained by Complaint Coordinator