**A100-E ANTI- HARASSMENT & NONDISCRIMINATION**

**COMPLAINT FORM**

INSTRUCTIONS: Complete and submit this form within 180 calendar days of the last act that you believe was discriminatory or harassing. Help in completing the form or answering follow-up questions is available by contacting FTCSC Human Resources Director Jill Britt. Please provide as much information as possible to enable the Corporation investigation. Refer to *Policy A100* for additional information. The completed form must be submitted within 180 calendar days of the violation to any administrator or to the appropriate Complaint Coordinator (see chart in *Policy A100*) at Human Resource Department.

District Complaint Coordinator

Franklin Township Community School Corp.

6141 S. Franklin Road Indianapolis, IN 46259

317-803-5007

Email: jill.britt@ftcsc.org.

 ALLEGED BASIS OF HARASSMENT OR DISCRIMINATION (Check all that apply):

\_\_\_\_ Age \_\_\_\_ Disability \_\_\_\_ Sex (including gender identity or sexual orientation) \_\_\_\_ Race ­\_\_\_\_ Color \_\_\_\_ National Origin

\_\_\_\_ Religion \_\_\_\_ Other (please specify)

A. Target’s Name School/Building \_\_\_\_\_\_\_\_\_\_\_

Street Apt # City Zip

Home Phone Work Phone Mobile/Pager

If you are submitting a complaint on behalf of a targeted student or employee, please complete the following about yourself:

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Relationship to the targeted student or employee

Street Apt # City Zip \_\_\_\_\_\_\_

Home Phone Work Phone Mobile/Pager

B. Target’s Status: Student Parent/Guardian

 Employee Other (explain)

C. Complaint Information:

1. Date of Discriminatory Occurrence (if multiple, list all dates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name(s) of the offender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Describe what happened that you believe was discriminatory. (Use extra paper if needed).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List names of school personnel who were involved: \_\_\_\_\_\_\_\_\_\_\_\_

6. If others were affected by the alleged violation/discrimination, please list their names:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. If others witnesses the alleged violation, please list their names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If you had an initial discussion with a staff member or supervisor concerning the complaint, please give the date of discussion, summarize the conversation, and include the name of the person with whom you spoke.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. If you wish, describe the corrective action(s) you would like to see taken

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Are you interested in the informal resolution process (i.e., mediation)? \_\_\_Yes \_\_\_ No

12. Do you have any documentation related to this complaint (i.e., notes, emails, text messages, etc.)? If so, please attach it to this form.

D. I certify that the above statements are true.

Complainant’s Signature Date Filed

FOR OFFICE USE ONLY

\_\_\_ Date received

\_\_\_ Date Complainant notified, request for additional information

\_\_\_ Date outcome of investigation delivered

\_\_\_ Corrective Action