

CHIPPEWA VALLEY SCHOOLS DISCRIMINATION/HARASSMENT COMPLAINT FORM

To file a complaint, complete and return this form to the Assistant Superintendent Human Resources, 19120 Cass Ave., Clinton Twp., MI 48038.

The investigation will be handled as confidentially as possible under the circumstances. The need to interview the witnesses and the offending individual(s), however, does not allow for total confidentiality in this process.

If the investigation finds harassment occurred it will result in prompt and appropriate remedial action. This may include up to expulsion for students, up to discharge for employees, exclusion for parents, guests, volunteers and contractors, and removal from any officer position and/or a request to resign for Board members.

Retaliation against any person for complaining about harassment/discrimination, or participating in a harassment/discrimination investigation, is prohibited. Suspected retaliation should be reported in the same manner as harassment/discrimination. Intentionally false harassment/discrimination reports, made to get someone in trouble, are also prohibited. Retaliation and intentionally false reports may result in disciplinary action as indicated above.

Name: _____
First Middle Last

Address: _____
Street or PO Box City ST ZIP

Home Phone: _____ Work Phone: _____

I Am A/An: Employee Student Other: _____

Work Location: _____

To select more than one hold down the control key when selecting.

Nature of Harassment/Discrimination:

Date of alleged incident: _____

Name of person(s) you believed harassed/discriminated against you: _____

Place incident occurred: _____

Describe in detail the specific incident that is the basis of the alleged harassment/discrimination: (use additional sheets if necessary)

Were there any witnesses? If yes, please provide their names: _____

Remedy requested: _____

This complaint is filed based on my honest belief that harassment, discrimination, or another form of violation has occurred to me or another person. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant Signature

Date