

**INFORMAL COMPLAINT PROCEDURES REQUEST FORM**

(To be completed by the employee or student Complainant and submitted to Responsible District Officer)

Print Complainant Name: \_\_\_\_\_

Date Filed with Responsible District Officer: \_\_\_\_\_

I am currently:

\_\_\_\_\_ A District Employee:      Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ A student at: (College) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone (    ) \_\_\_\_\_ Cell Phone (    ) \_\_\_\_\_ E mail \_\_\_\_\_

I have been advised of the District policies and procedures for both Informal and Formal complaints of unlawful discrimination and sexual harassment.

I hereby request an Informal Resolution of my complaint against: \_\_\_\_\_

Clearly describe your complaint, including applicable dates, times and locations (attached additional sheets as needed):

What would you like the District to do as the result of your complaint (what remedy are you seeking)?

I certify that the information included on this form is true and accurate to the best of my knowledge. I hereby agree to participate in the District's Informal Complaint Procedures process.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible District Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_