



DISCRIMINATION AND HARASSMENT COMPLAINT FORM

INSTRUCTIONS: Complete and submit this form within 30 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 Dr. Heather Hendrich (staff) or Mrs. Shelley Bethel (students). Please provide as much information as possible to enable the Corporation investigation. Refer to *Policy A100* for additional information. The completed form should be submitted within 30 calendar days of the allegation, if possible, and in all circumstances within 180 days to any administrator or to the appropriate Complaint Coordinator at Educational Services Center, 18025 River Road, Noblesville, IN 46062.

ALLEGED BASIS OF HARASSMENT OR DISCRIMINATION (Check all that apply):				
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Religion	<input type="checkbox"/> Race	<input type="checkbox"/> Color
<input type="checkbox"/> Sex (including gender identity, sexual orientation, transgender status, and gender expression)				
<input type="checkbox"/> National Origin		<input type="checkbox"/> Other (please specify)		

A. Target's Name: _____ **School/Building** _____

Street _____ **Apt #** _____ **City** _____ **Zip** _____

Home Phone _____ **Work Phone** _____ **Mobile** _____

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** _____

B. Target's Status: ☐ Student ☐ Parent/Guardian ☐ Employee ☐ Other (explain)

C. Complaint Information:

1. Date of Discriminatory/Harassment Occurrence (if multiple, list all dates):
2. Location:
3. Name(s) of the offender(s):
4. Describe what happened that you believe was discriminatory.
5. List name(s) of school personnel who were involved:
6. If others were affected by the alleged violation/discrimination, please list their names and how they were impacted:
7. If others witnessed the alleged violation, please list their full names:
8. If you have 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
_____ Appeal to Coordinator
_____ Appeal to Board
_____ Corrective Action