

Discrimination/Harassment Complaint Form
West Carroll Special School District

Note: This information is requested to assist in processing your complaint. If you need help in completing this form, please let us know.

1. Person making the complaint: _____
2. Person discriminated/harassed: _____
3. Address: _____
Phone: (home) _____ (work) _____
4. Today's date: _____
5. Date and time of alleged incident: _____
6. Name and location of the institution/person that you believe discriminated/harassed you. _____
7. Which of the following best describes the reason you believe the discrimination/harassment took place? Circle one: (a) race/color, (b) national origin, (c) disability, (d) age, (f) gender, or (g) sexual orientation.
8. Describe the alleged discrimination/harassment. Explain what happened and circumstances surrounding the alleged incident. (Use the back of the form or another sheet if additional space is needed.)

9. List any witnesses: _____
10. Have you tried to resolve the complaint with the appropriate school official or supervisor? _____ yes _____ no

If yes, what is the status of the grievance? _____

Name and title of the person who is handling the grievance procedure:

11. Have you filed this complaint with any other federal, state, or local agency?

_____ yes _____ no

If yes, list all agencies that you have filed with and a contact person at the agency:

(a) Agency: _____

Contact: _____

Location: _____

Phone: _____

(b) Agency: _____

Contact: _____

Location: _____

Phone: _____

Please sign below. Attach any written material or any other evidence that you think is relevant to your complaint.

Signature

Date

West Carroll

Complaint Managers:

Betty Wallace, Federal Rights Coordinator and John Cary

P. O. Box 279

Trezevant, TN 38258

731-662-4200

Revised : August 1, 2010

Board Policy Reference: Employee-5.501

Student-6.305