

Regulation

GENERAL COMMITMENTS

6010.1

REPORT OF POSSIBLE DISCRIMINATION OR HARASSMENT

Date: _____

Your Name: _____

Home Address: _____

Home Telephone: () _____

Work Address (if applicable): _____

Work Telephone (if applicable): () _____

Date of Alleged Incident(s): _____

Name of person(s) you believe discriminated against you: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

Describe the incident(s) as clearly as possible, including such details as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

What would you like done to correct this situation?

I hereby certify that the information I have provided in this Complaint is true, correct and complete to the best of my knowledge and belief.

Your Signature

Date

Received by: _____

Date

Vernon-Verona-Sherrill School District

Approved by the Superintendent: 11/27/17, 10/22/18