

## The School Board of Sarasota County Employee Complaint Form – Discrimination and Harassment

The School Board of Sarasota County seeks to provide an environment free of discrimination and harassment on the basis of race, color, religion, ethnic or national origin, age, disability, veteran or military status, marital status, pregnancy, sex, gender, gender identity or expression, or sexual orientation.

The purpose of this form is to assist you in presenting your complaint, in accordance with the Policy Prohibiting Discrimination and Harassment. It is requested that you provide as much detail as possible. Please attach any documents that you believe will support your statement. If you need more space, feel free to attach additional pages. All the information provided must be true and accurate. This completed form should be submitted to the Equity Coordinator and a copy should be retained by the claimant.

Employee Name: \_\_\_\_\_

School/Building: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Alleged Incident: \_\_\_\_\_

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Did the alleged incident(s) involve discrimination or harassment based on any of the following categories?

Race:	<input type="checkbox"/>	Disability:	<input type="checkbox"/>	Sex:	<input type="checkbox"/>
Color:	<input type="checkbox"/>	Veteran/Military Status:	<input type="checkbox"/>	Gender:	<input type="checkbox"/>
Religion:	<input type="checkbox"/>	Marital Status:	<input type="checkbox"/>	Gender Identity/Expression:	<input type="checkbox"/>
Ethnic/Natural Origin:	<input type="checkbox"/>	Pregnancy:	<input type="checkbox"/>	Sexual Orientation:	<input type="checkbox"/>
Age:	<input type="checkbox"/>				

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Does this complaint involve an allegation of sexual harassment?

Yes:  No:

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If the alleged incident(s) was directed at someone other than you, please identify that person. Please include position (i.e. teacher, administrator, etc.).

What is the name of the respondent/accused? Please include position (i.e. teacher, administrator, student, etc.).

When and where did the alleged incident(s) occur? Be as specific as possible.

Describe the alleged incident(s) as clearly and with as much detail as possible:

Were any witnesses present? If yes, provide the names of the individuals:

Did you report the alleged incident(s) to a worksite administrator or any other District employee(s)? If yes, please provide the name(s) of those individuals:

Did you report or disclose the alleged incident(s) to anyone else (e.g., a friend, a coworker, or a relative)? If yes, please provide the name(s) of those individuals:

List and attach any additional evidence related to the alleged incident(s) (i.e. text messages, emails, photos, letters, etc.):

At the present time (and you can later adjust your decision if you choose), do you wish to report this complaint pursuant to the informal complaint procedures or the formal complaint procedures as outlined in School Board Policy 2.71a?

Informal:

Formal:

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I agree that the information I provided is true, accurate and complete.

Print Name and Date:

Signature:

FOR OFFICE USE ONLY	
School/Building:	Date:
Title IX Coordinator Name:	Signature: