

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231
PHONE (941) 927-9000 FAX (941) 927-4087

EMPLOYEE AND APPLICANT DISCRIMINATION COMPLAINT

The School Board of Sarasota County, Florida, seeks to provide a work environment free of discrimination and harassment on the basis of race, color, religion, sex, national origin, disability, marital status, or sexual orientation.

Instructions: The complainant should complete and sign the form and send it to the Equity Coordinator in Human Resources in accordance with the Policy against Discrimination for Employees and Applicants. A copy should be retained by the complainant.

Date Complaint Made _____

Complainant Name _____ Cost Center Name _____

Address _____ Phone _____

Alleged Basis of Discrimination:

Race Color Religion National Origin Sexual Orientation

Age Sex Disability Marital Status

Complainant's Relationship to The School Board of Sarasota County, Florida: Employee Applicant

Provide a thorough description of events including dates and names of witnesses (use attachment if necessary) _____

Remedy Sought _____

I attest that the above information is true and correct to the best of my knowledge.

Complainant Signature _____ Date _____

FOR OFFICE USE ONLY

I _____
Cost Center Head Name _____ Cost Center Head Signature _____ Date _____

II _____
Executive Director Name _____ Executive Director Signature _____ Date _____

III _____
Equity Coordinator Name _____ Equity Coordinator Signature _____ Date _____

Distribution: Original – Equity Coordinator Copy - Complainant