



# SIOUX FALLS SCHOOL DISTRICT 49-5 COMPLAINT INVESTIGATION FORM

**STAFF**

The Sioux Falls School District maintains a firm policy prohibiting unlawful discrimination and harassment. Mistreatment by any person which creates an intimidating, hostile, or offensive work environment will not be tolerated under any circumstances.

Complainant Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Alleged Incident(s)/Conduct \_\_\_\_\_

Name of staff person(s) who engaged in the conduct \_\_\_\_\_

List any witnesses \_\_\_\_\_

Describe the incident(s)/conduct as clearly as possible, including such things as: what force, if any was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any physical contact was involved; what was done in attempt to avoid the situation, etc. (Attach additional pages if needed) \_\_\_\_\_

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\_\_\_\_\_

This complaint is filed based on my honest belief that \_\_\_\_\_ has engaged in conduct involving one or more of the following (mark all that apply):

**Discrimination** (Policy AC/AC-R)  
based on my:  race;  color;  religion;  creed;  sex;  ancestry or national origin;  
 disability;  age;  military status;  genetic information;  other basis protected by law

**Harassment** (Policy GBAA/GBAA-R)  
based on my:  race;  color;  religion;  creed;  sex;  ancestry or national origin;  
 disability;  age;  military status;  genetic information;  other basis protected by law

Complainant Signature \_\_\_\_\_

Date \_\_\_\_\_

Received by \_\_\_\_\_

Date \_\_\_\_\_