



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)

Multiple horizontal lines for describing the incident.

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 _____