

**COMPLAINT FORM AC-E**  
Allegation of Discrimination and/or Harassment

<b>Employee's Name</b> <i>(Last, First, MI)</i>	<b>Employee's ID #</b>	<b>Administrator/Supervisor/Employee</b> (the person completing this form)  _____
<b>Employee's School/Department</b>	<b>Employee's Work Phone #</b>	
<b>Employee's Position</b>	<b>Employee's Personal Phone #</b>	

**QUESTION 1: WHO DISCRIMINATED AGAINST YOU OR HARASSED YOU?**

Name(s)-Alleged Respondent	Title	School/Department

**QUESTION 2: WHO WITNESSED THE DISCRIMINATION OR HARASSMENT?**

Name(s)-Witnesses	Title	School/Department

**QUESTION 3: DESCRIBE THE DETAILS OF THE DISCRIMINATION/HARASSMENT**

Specifics – Who, What, Where, How, Who Witnessed and Dates (attach additional pages if needed)

QUESTION 4: DATE DISCRIMINATION TOOK PLACE?		
Earliest	Latest	Continuing Action (yes or no)

<b>QUESTION 5: WHAT IS THE CAUSE OF THE DISCRIMINATION/HARASSMENT?</b> <i>(Check all that apply)</i>
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<input type="checkbox"/> Disability <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion/Religious Beliefs	<input type="checkbox"/> Sex (male/female) <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Age	<input type="checkbox"/> National Origin <input type="checkbox"/> Retaliation  <hr style="width: 50px; margin-left: 0;"/>
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<b>QUESTION 6: HOW HAS THIS BEHAVIOR AFFECTED YOUR EMPLOYMENT WITH TUSD?</b>
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<b>QUESTION 7: WHAT DO YOU PROPOSE AS A SOLUTION TO YOUR COMPLAINT?</b> <i>(Would you feel comfortable participating in mediation with the Respondent?)</i>
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I have read the above complaint and confirm that it is accurate and true, to the best of my knowledge, information and belief.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Administrator Use Only**

<b>Name of Senior Official/Administrator Notified:</b>  <b>Date Notified:</b>	<b>Name of EEO Officer Notified:</b>  <b>Date Notified:</b>
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