

**Twin Rivers Unified School District**  
**COMPLAINT OF DISCRIMINATION/HARASSMENT IN EMPLOYMENT**  
**Complaint Form**

The Board of Trustees prohibits unlawful discrimination against and/or harassment of district employees and job applicants on the basis of actual or perceived race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex, or sexual orientation at any district site and/or activity. (Board Policy 4030.) The Board of Trustees further prohibits sexual harassment of district employees and job applicants. (Board Policies 4119.11, 4219.11, 4319.11.)

This form shall be used when a district employee or job applicant has a complaint alleging that a specific action, policy, procedure or practice discriminates against him/her on any basis specified in the district's nondiscrimination policies and/or that he/she has been subject to sexual harassment in the workplace. (Administrative Regulations 4031, 4119.11, 4219.11, 4319.11.)

This form shall be used only for filing complaints that fit within these three categories. **Once completed, this form should be filed with the Associate Superintendent, Human Resources/Labor Relations, 5115 Dudley Blvd., Bay B, McClellan, CA, 95652, (916) 566-1600.**

**I. Complainant Contact Information:**

Name of person filing complaint: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you filing this complaint on your behalf or on behalf of someone else?  myself  someone else

If you are filing on behalf of someone else, provide the name of that person: \_\_\_\_\_

*Confidentiality: All complaints or allegations of discrimination or sexual harassment will be kept confidential during any informal and/or formal complaint procedures except when disclosure is necessary during the course of an investigation, in order to take subsequent remedial action and to conduct ongoing monitoring.*

**II. Classification/Assignment/Position**

Job title or classification: \_\_\_\_\_

Work location (include school or department): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**III. Basis of Complaint: Discrimination, Harassment, Retaliation**

Please check the following box(s), that identified the type(s) of discrimination, harassment, or retaliation that you experienced:

- |   |  |
|---|--|
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Gender *           | <input type="checkbox"/> Religion        |
| <input type="checkbox"/> Ethnicity          | <input type="checkbox"/> Color           |
| <input type="checkbox"/> Race               | <input type="checkbox"/> Ancestry        |

- Mental or physical disability
- Age
- Association with any of these categories
- Sexual Harassment

- Sex (Title IX)
- Retaliation for reporting discrimination or harassment

\*According to state law, “‘Gender’ includes a person’s gender identity and gender related appearance and behavior whether or not stereotypically associated with the person’s assigned sex at birth.” Education Code section 201.7.

**IV. PLEASE STATE THE REASONS FOR YOUR COMPLAINT**

Please provide the following information to the best of your ability.

***Attach additional sheets of paper if you need more space.***

Please describe the type of incident(s) you experienced that you believe were discrimination or harassment, including the events or actions, in as much detail as possible:

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List the names of the individuals involved in the incident(s):

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List any witnesses to the incident(s):

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Describe the location where the incident(s) occurred:

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Please list all the date(s) and times when the incident(s) occurred or when the alleged acts first came to your attention:

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What steps, if any, have you taken to resolve this issue before filing this complaint?

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Describe any harm or damage suffered as a result of the incident(s) described above.

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Describe the proposed remedy that is being requested:

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**V. DECLARATION OF COMPLAINANT**

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Signature of Person Filing Complaint: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Print city and state where signed: \_\_\_\_\_

**FOR DISTRICT USE ONLY**

Complaint received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Title of person who received complaint: \_\_\_\_\_

**Please provide a duplicate copy to the complainant.**