



RETALIATION COMPLAINT FORM

Person making complaint of Retaliation

Last Name

First Name

Email Address

Mailing Address

City

State

Zip

()
Primary Phone()
Secondary Phone☐ Student ☐ Adult (Employee) ☐ Parent/Guardian ☐ Other Adult
Identity

Current Job Title

Location

My representative (if any):

Last Name

First Name

Email Address

Person(s) you believe retaliated against you/your child (if known)

Name

Date or Dates of Action

Position

Department

School

Name

Date or Dates of Action

Position

Department

School

Please explain your relationship to the person(s) you believe harassed/intimidated/bullied you/your child – the person(s) should be listed in the previous section above. (Please use additional sheets if necessary)

Please explain as clearly as possible what happened. Specifically include details about what changes have occurred at work that caused you to make this retaliation complaint (examples: termination, suspension, subject to disciplinary action, demotion, change in work assignment or hours, etc.) Please include dates, times, location, witnesses and any details you can provide about the event(s), incident(s) and/or behaviors. (Please use additional sheets if necessary)

Please explain as clearly as possible what, if any reason, the employer gave for the work change(s) that you experienced as described in the question listed above. (Please use additional sheets if necessary)

Please explain as clearly as possible why you believe this is retaliation. (Please use additional sheets if necessary)

Please explain as clearly as possible how you think your employer knew about the initial activity or actions that lead to the alleged retaliation as indicated in the question above. (Please use additional sheets if necessary)

Is there any additional information you would like for us to know? (Please use additional sheets if necessary)

Briefly describe what kind of remedy you are seeking. What do you hope happens as a result of filing this complaint? (Please use additional sheets if necessary)

Are there any notes, pictures, texts, emails, letters, screen shots or other evidence pertaining to the event(s) that you are reporting? (Please attach to this complaint form at the time of submission and list below)

Witness Information, if any

Name	Contact Phone	Alternate Contact Phone
Email	Department	School
Name	Contact Phone	Alternate Contact Phone
Email	Department	School
Name	Contact Phone	Alternate Contact Phone
Email	Department	School

I reported this to the following District person(s)

Name	Position	Date(s)
Type of Report <input type="checkbox"/> Verbal <input type="checkbox"/> Written (If written, please attach)		
Name	Position	Date(s)
Type of Report <input type="checkbox"/> Verbal <input type="checkbox"/> Written (If written, please attach)		

To the best of my knowledge, the information I have provided on this form is true and accurate

Signature	Date(s)
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For Office Use

Received by	Date Received	Referred to
Assigned Facilitator	Assigned Investigator	Case #