



Discrimination Complaint Form

Pursuant to ESU 7 Article V, Section 1, A to prohibit and prevent discrimination, Educational Service Unit 7 provides this form to receive allegations of misconduct. The allegations set forth in this complaint form will serve as the basis for an investigation to be carried out promptly.

In order to protect a complainant's rights of privacy and in order to avoid disclosure of facts when such disclosure is not authorized by a complainant, this form permits you as a complainant to authorize disclosure of the facts contained in this form as they be required in the sound discretion of the investigator.

This form also authorized you to withhold certain facts set forth in this complaint in the course of an investigation. You should be aware that limitations on disclosure of certain information contained in this complaint may hinder, and in some cases prevent, Educational Service Unit 7 from fully carrying out its policy to prohibit and prevent sexual harassment. By limiting disclosure permitted, you should also understand that an investigation may not be possible due to due process limitations on Educational Service Unit 7.

Each employee of Educational Service Unit 7 has a right to his/her good reputation unless a full and fair opportunity to confirm allegations of misconduct is provided to such employee.

Your signature below will be deemed to be an acknowledgement on your part that you have fully read this complaint form as well as you have understood it. Your signature on this form will further indicated that you have sought any professional or collegial advice you have deemed appropriate and that the allegations contained in this form have been voluntarily given and have neither been encouraged nor discouraged by Educational Service Unit 7.

Name of Complainant: _____

Date(s) of alleged discriminatory occurrence: _____

Date this complaint was filed: _____

Person to whom complaint was filed: _____

Witnesses' complainant is aware of to any events contained in complaint:

Yes – Limit Disclosure

No – General Authority to Disclose

If yes:

I understand that the Educational Unit 7 will be investigating my complaint. However, it is my wish that certain facts set forth in this complaint not be disclosed to others or that certain facts be disclosed only to such persons as I specifically direct. The information which I do not authorize the investigator to disclose to anyone except the Administrator, is as follows:

Below is listed factual information that I do not wish to have generally disclosed. Beside each specific fact stated below, I have provided the name or names of those the course of any investigation I specifically authorize you to disclose the information to:

I specifically acknowledge by signing this section, Section I, rather than Section II, I may have placed limitations on the investigation which may make it difficult or impossible for Educational Service Unit 7 to fully resolve my complaint.

Complainant Signature for specific limited authority to investigate:

Date: _____

II. General Authority to Disclose Information

I understand that Educational Service Unit 7 will be investigating of my complaint. By affixing my signature to Section II, I authorize ESU 7 to disclose such portions of the information I have set forth in my complaint and which I may provide in the future with respect to this complaint. By affixing my signature to Section II, I hold harmless Educational Service Unit 7 and its duly authorized investigator for any claim I may have resulting from the disclosure of any facts set forth in this complaint when such disclosure occurs in the course and scope of the investigation. By signing Section II, I acknowledge that I have read it fully and understand its contents.

Complainant's Signature: _____

Date: _____