



**IRENE-WAKONDA SCHOOL DISTRICT 13-3
COMPLAINT INVESTIGATION FORM**

STAFF

The Irene-Wakonda 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)

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 _____