

File GBAA-E(1) Sex/Gender Discrimination or Harassment Complaint Form

Name of employee complainant: _____

Address: _____

Phone: _____

Position with the district: _____

Job site: _____

Immediate supervisor: _____

Name(s) of alleged harasser(s): _____

Approximate date(s) of alleged discrimination/harassment or when began, if on-going: _____

Location or situation where the alleged discrimination/harassment occurred or is occurring: _____

Nature of the discrimination/harassment: _____

Other individual(s) in whom you have confided about the alleged discrimination/harassment: _____

Individuals you believe may have witnessed or also been subjected to, the alleged discrimination/ harassment: _____

Remedy sought: _____

Signature of complainant

Date

Signature of individual receiving complaint

Date

Darlington County School District
