



Taylor School District

23033 Northline Road • Taylor, Michigan 48180 • (734) 374-1200 • Fax (734) 287-6083 • www.taylorschools.net

TAYLOR SCHOOL DISTRICT DISCRIMINATION/HARASSMENT COMPLAINT FORM

To file a complaint, complete and return this form to the appropriate administrator and/or Patricia DeLaTorre, Executive Director for Human Resources & Labor Relations, 23033 Northline Road, Taylor, Michigan 48180. *(Please add additional pages as needed)*

The investigation will be handled as confidentially as possible under the circumstances. The need to interview the witnesses and the offending individual(s), however, does not allow for total confidentiality in the process.

If the investigation finds harassment occurred it will result in prompt and appropriate remedial action. This may include up to expulsion for students, up to discharge for employees, exclusion for parents, guests, volunteers and contractors, and removal from any officer position and/or a request to resign for Board members.

Retaliation against any person for complaining about harassment/discrimination, or participating in a harassment/discrimination investigation, is prohibited. Suspected retaliation should be reported in the same manner as harassment/discrimination. Intentionally false harassment/discrimination reports, made to get someone in trouble, are also prohibited. Retaliation and intentionally false reports may result in disciplinary action as indicated above.

1. Name: _____
First Middle Last

2. Address: _____
Street or PO Box City STATE ZIP

3. Contact Phone: _____ 4. Alternate Phone: _____

5. Email: _____ 6. Other: _____

7. I Am A/An: ☐ Employee ☐ Student ☐ Other: _____

8. Work Location/Address: _____

9. Nature of Harassment/Discrimination:

- ☐ Age
- ☐ Bullying
- ☐ Color
- ☐ Disability
- ☐ Genetics
- ☐ National Origin
- ☐ Race
- ☐ Religion
- ☐ Sex
- ☐ Sexual Harassment
- ☐ Sexual Orientation
- ☐ Other

10. Date(s) of alleged incident(s):

11. Name of person(s) you believed harassed/discriminated against you:

12. Describe in detail the specific incident that is the basis of the alleged harassment/discrimination: (attach additional sheets if necessary)

13. Were there any witnesses? If yes, please provide their name(s) and any contact information such as phone or address:

14. Desired Outcome/Remedy Requested:

This complaint is filed based on my honest belief that harassment, discrimination, or another form of violation has occurred to me or another person. I hereby certify that the information I have provided and may provide in the future related to this complaint is true, correct, and complete to the best of my knowledge.

I also understand that I am expected to cooperate and practice confidentiality during the pendency of this matter including respect for the integrity of this process to investigate this complaint and any ensuing decisions made by Taylor School District or their agents.

Complaint Signature

Date

Witness Signature (if available)

Date

For Office Use Only – A copy MUST be sent to HR-LR if originally filed elsewhere

Date Received: _____

Received By: _____

Other: _____
