

**LOGAN CITY SCHOOL DISTRICT**  
Discrimination/Harassment Complaint Form

Logan City School District is committed to providing an environment free from prohibited harassment and other forms of discrimination based upon sex, race, color, ethnic background, national origin, religion, creed, age, marital status, veteran's status, citizenship, sexual preference, and/or disability. It is the belief of the Logan City School District that an environment free of discrimination and harassment is a necessary part of a healthy learning and working atmosphere.

Complaints involving a Logan City School District student as the alleged Offender should be addressed with the Building Administrator and/or the Director of Student Services. Complaints involving a Logan City School District employee as the alleged Offender should be addressed with the Building Administrator and /or the Director of Human Resources. When filing a complaint, the complainant's responsibilities include:

1. **Confidentiality:** To protect you, and anyone else who participates in this investigation, you are not to discuss this investigation, including your complaint, interviews, data, or documents relative to the complaint made by you with parents, students, volunteers, or employees of the District, except for the Building Administrator, the Director of Student Services, and/or the Director of Human Resources. Your complaint, the investigation, and information generated from the investigation is confidential. Please be advised that if you are an employee of the District, any verified violation of confidentiality may result in disciplinary action.
2. **Cooperation:** For the investigation to be as thorough as possible, you are obligated to cooperate fully with the investigation. Any requests made to you for data, documents, or your testimony are to be fulfilled to the fullest extent possible. Please be advised that if you are an employee of the District, any verified failure to disclose or to suppress relevant information by you in the course of the investigation may result in disciplinary action.
3. **Retaliation:** Logan City School District prohibits acts of retaliation for participation in an investigation. If you believe you have been subjected to an act of retaliation due to your participation in this investigation, you must immediately report such acts in writing to the Director of Human Resources.
4. **Questions:** Should you have any questions regarding the investigation process, please contact the Director of Student Services or the Director of Human Resources.

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**To the Complainant**

Please complete each section of this complaint form.

Name:

Phone:

Mailing Address:

Are you an employee of the Logan City School District?  Yes  No

If yes: Title/Position:

Location:

If no: What is your affiliation with the District?

What type of complaint are you making?

- Discrimination based on:
- Harassment which creates a hostile work or learning environment
- Other:

Name of Alleged Offender(s):

The alleged offender is:

- A Student in the Logan City School District

School Student Attends:

- An Employee of the Logan City School District

Position/Title:

Location:

Date of Offense:

Time of Offense:

Place of Offense:

Please detail the event(s) that led to this complaint. Be as specific as possible. More pages may be attached, if needed.

Please provide the name and contact information for anyone who witnessed this offense.

Name:

Contact Information:

Name:

Contact Information:

Please describe how this offense made you feel and how you reacted to the offense. More pages may be attached, if needed.

Please describe how this offense affected your school or work experience. More pages may be attached, if needed.

Please describe the action you are requesting to resolve this complaint.

Do you have relevant supporting documents that should be considered as part of this complaint?

Yes No If yes, please attach each document and provide a written description of each.

List any person with whom you have already spoken to regarding this offense:

Name:

Affiliation:

Name:

Affiliation:

I certify that this information is true and correct.

Signature of Complainant

Date