



# DISCRIMINATION AND/OR HARASSMENT COMPLAINTS

### ***Discrimination and/or Harassment Complaints***

The Logan City School District is committed to providing an environment free from prohibited harassment and other forms of discrimination. It is the belief of the District that an environment free of discrimination and harassment is a necessary part of a healthy learning and working atmosphere. More about the Logan City School District Board of Education policies on discrimination and harassment for students and employees can be found on the District's website.

Should you have a concern or complaint that requires redress, please address your concerns or submit your written complaint to the Building Administrator and/or the District's Title IX Director, Melisa Richardson.

### ***Discrimination/Harassment Document Filed by a Complainant***

Personal Information	Please Indicate your Affiliation with the District
Name:	<input type="checkbox"/> I am an EMPLOYEE. <input type="checkbox"/> I am a STUDENT. <input type="checkbox"/> I am a PARENT/GUARDIAN of a student. <input type="checkbox"/> Other (please specify):
Phone:	
Email:	
Mailing Address:	

Nature of Complaint and Request for Investigation
<p>Please indicate the nature of your complaint:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Discrimination</li> <li><input type="checkbox"/> Harassment</li> <li><input type="checkbox"/> Retaliation</li> <li><input type="checkbox"/> Bullying/Cyber-bullying/Hazing</li> <li><input type="checkbox"/> Sexual Harassment/Title IX</li> <li><input type="checkbox"/> Other (please specify) _____</li> </ul> <p>If you are requesting an investigation of discrimination or harassment, please indicate the protected class(es) that relate to your complaint.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Color</li> <li><input type="checkbox"/> Ethnic background</li> <li><input type="checkbox"/> National origin</li> <li><input type="checkbox"/> Religion</li> <li><input type="checkbox"/> Disability</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Marital status</li> <li><input type="checkbox"/> Veteran's status</li> <li><input type="checkbox"/> Transgender status/gender identity</li> <li><input type="checkbox"/> Other (please specify) _____</li> </ul>

**Background Information**

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: \_\_\_\_\_ School/Location: \_\_\_\_\_

Date of offense: \_\_\_\_\_ Time: \_\_\_\_\_ Place/Location: \_\_\_\_\_

Name and contact information for anyone who witnessed the alleged offense.

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Please list any person with whom you have already spoken to regarding this concern or complaint:

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

**Supporting Information**

Please describe your concern or complaint in detail. You may attach additional pages, as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how this concern or complaint affected your school or work experience. You may attach additional pages, as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide a written description of any relevant supporting documents or evidence that should be considered as part of this concern or complaint. Please attach each document or evidence to this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_