

Cabell County Schools
Racial, Sexual, Religious/Ethnic Harassment/Discrimination Form

EMPLOYEE COMPLAINT

Name _____ Date _____

School _____

Who was responsible for the discrimination, harassment, or violence?

Describe the discrimination, harassment or violence incident: Dates, times, location, etc. *(Attach additional pages if necessary)*

___ Were there other individuals involved in the incident? If so, name the individual(s) and their role in the incident.

___ Did anyone witness the incident? If so, name the witnesses:

What was your reaction to the discrimination, harassment, or violence?

Describe any prior incidents:

Complete and give to your principal or immediate supervisor, or the Title IX Coordinator if the principal or your immediate supervisor is involved in the complaint.
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Signature of Complainant _____