Madison City Schools Employee Prohibited Harassment Complaint Form

This form may be used by school system employees to submit a complaint regarding Prohibited Harassment (Board Policy 5.14 [Anti-Harassment]). This Form should be submitted to the Coordinator of Personnel. However, if the complaint concerns the Coordinator of Personnel, the complaint may be made directly to the Superintendent, or if the Superintendent is the subject of the complaint, directly to the President or Vice-President of the Board.

| Employee Name: | Position: |
|--|--|
| School: | Work Phone: |
| Home Address: | Home Phone: |
| E-mail Address: | |
| Preferred method of contact (provide addre | ess, e-mail, or phone number): |
| Describe the Prohibited Harassment, inclu | ding all pertinent facts supporting the complaint. |
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| (Attach additional paper, if needed.) | |
| When did this happen (over what time per | iod if continuing or more than once): |
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| | |
| (Attach additional paper, if needed.) | |

| Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint. | |
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| | |
| (Attach additional paper, if needed.) | |
| Do you have suggestions for resolving the | his situation? If so, list them here: |
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| | |
| (Attach additional paper, if needed.) | |
| Attach copies of documents or other evi | dence that is relevant to the complaint. |
| I affirm that to the best of my k complete. | enowledge, the foregoing information is true, accurate, and |
| Signature: | Date: |
| DO NOT WRITE BELOW THIS LINE ************************************ | ************** |
| Date Grievance Received: | Coordinator of Personnel: |
| Date Reply Delivered: | Coordinator of Personnel: |
| Date Request for Review Received: | Superintendent: |
| Date Response to Request Delivered: | Superintendent: |