

### Discrimination/Harassment Complaint Form

To be completed by the Complainant:

Date Submitted:	
Complainant Information	
Name of Complainant:	Signature of Complainant:
Complainant's Home Address:	Complainant's Phone Number(s): Home: ( ) _____ Cell: ( ) _____ Work: ( ) _____
Complainant's Role(s) in the School District	
<input type="checkbox"/> Student	Age:                      Grade:                      Building:
<input type="checkbox"/> Employee	Title:    Building:
<input type="checkbox"/> Parent or Guardian:	Child's Name:
<input type="checkbox"/> Community Member:	
<input type="checkbox"/> Other (please specify)	
Reason for Complaint or Grievance	
<input type="checkbox"/> Race, Color, National Origin, Ethnic Group	<input type="checkbox"/> Religion, Religious Practice
<input type="checkbox"/> Gender, Sexual Orientation, Sex	<input type="checkbox"/> Disability, Weight, or Age
<input type="checkbox"/> Sexual Harassment, Other Harassment	<input type="checkbox"/> Other (please specify)
Discriminatory or Harassing Actions or Nature of the Discrimination	
Date, time, place of the alleged incident of discrimination or harassment relating to this Complaint:	
Name of person(s) committing action(s) against complainant and their title(s), if known:	

Description of the incident/occurrence relating to this Complaint:

Witness Information

The names of others who should be contacted with knowledge vital to this investigation  
(include contact information for each person; use additional paper if necessary)

Name(s):

Contact Information:

Others with whom you may have discussed this incident with (include contact information for each)

Names(s):

Contact Information:

Remedy, outcome or resolution sought by complainant

Please specify what action you desire for the School District to take in response to this Complaint:

Has this incident/discrimination been previously reported?

No

Yes

If yes, to whom, when (date) and describe the remedy, outcome or resolution (use additional paper if necessary)

If there are multiple or other incidents of alleged discrimination/harassment, for each such incident, provide date, time, place, description, and names of those involved

Does not apply

Name(s) of other persons involved:

Contact Information & their job title (if known):

For each other incident of alleged discrimination/harassment, please provide date, location, time and description:

**NON-DISCRIMINATION STATEMENT**

The Bessemer City School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

The following person has been designated to handle inquiries regarding the non-discrimination policies:

Dr. Jameka Thomas, Section 504 & Title IX Coordinator  
1621 – 5<sup>th</sup> Avenue North  
Bessemer, Alabama 35020  
Phone: 205.432.3028 Email: [jthomas@bessk12.org](mailto:jthomas@bessk12.org)

Please mail or hand deliver all 3 pages of this form to the Bessemer City School Board's Human Rights Officer:

**Dr. Corvetta V. Clasberry**  
Bessemer City Board of Education  
1621- 5<sup>th</sup> Avenue North, Bessemer, Alabama 35020

Please call Human Rights Officer **Dr. Corvetta V. Clasberry** at (205) 432-3015 if you have any questions

