

**Taylor County School Board
Discrimination/Harassment Complaint Form**

The Taylor County School Board seeks to provide a work environment free of discrimination and harassment on the basis race, color, religion, age, sex, ethnic or national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, educational background, or any other reason prohibited by law.

This form should be completed by the complainant and presented to the Equity Coordinator/ Director of Personnel. A copy should be retained by the complainant.

SECTION I:	Complainant Information	Date: _____
Name: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
Phone: _____ Work Phone: _____ Cell Phone: _____		
Level of Complaint I _____ (Head of Department)		
II: _____ III: _____ (Superintendent) (Equity Coordinator)		
Alleged Basis of Discrimination		
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Ethnic Origin <input type="checkbox"/> National Origin <input type="checkbox"/> Marital Status <input type="checkbox"/> Disability		
<input type="checkbox"/> Genetic information <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity or expression <input type="checkbox"/> Educational background <input type="checkbox"/> Other		
Complainant's Relationship to Taylor County School Board (please check one):		
<input type="checkbox"/> Employee <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer		

SECTION II:	Explanation of Event	
(Please provide a thorough description of events including names of witnesses. You may use an attachment if necessary):		

SECTION III:	Remedy Sought	

I attest that the above information is true and correct to the best of my knowledge.	
Complainant's Signature _____	Date: _____