

RSU #16 (Mechanic Falls, Minot, Poland)

Policy Code: ACAB-E

Adopted: March 2019

Revised: March 2019

Employee Discrimination and/or Harassment Complaint Form

Name						
Home Phone Number: () -		Home Address:				
Work Phone Number: () -		City, State & Zip				
Employee Student Other (Please Specify) _____ Please circle the appropriate one above.						
If you are a current RSU 16 employee:						
Supervisor's Name:		School and/or Department:				
Reason(s) for Discrimination:						
Race	National Origin	Age	Religion	Gender	Gender Identity	
Sex	Disability	Color	Retaliation	Familial Status	Sexual Orientation	Other

Nature/Form of Complaint (e.g. verbal, threats, intimidation):

Chronology of events:

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Has the complaint been brought to the attention of the building administrator/supervisor? Yes__No__

If yes, when (date) and method of contact? _____

Please return the completed/signed Employment Discrimination/Harassment Complaint form to an Administrator and/or the Affirmative Action Officer.

RSU 16 will not tolerate employment discrimination or harassment based upon an employee's or applicant's race, national origin, color, age, religion, gender, gender identify, sex, sexual orientation, disability, retaliation, familial status or any other status protected by law.

An employee or applicant asserting a good faith employment discrimination or harassment complaint and/or participating in an investigation of such complaint will be protected from retaliation or discipline. Any employee found guilty of retaliation will be disciplined, up to and including termination.

All information is held in the strictest of confidence. Please feel free to supplement this form with other documented material before forwarding this form to an administrator and/or Affirmative Action Officer.

Signature: _____ **Date:** _____

Signature of Administrator/Affirmative Action Officer: _____

Date received: _____

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