

Anti-Discrimination Report Form

If you believe that you have been subjected to discrimination, you are encouraged to complete this form and submit it to the Executive Director or a member of the Finance and Personnel Committee of the Southeastern Board of Trustees.

Southeastern does not permit retaliation against those filing a complaint or serving as a witness.

If you are more comfortable reporting verbally or in another manner, you may do so, but the Executive Director or a member of the Finance and Personnel Committee may ask for you to review a version of this form, to help initiate an appropriate response.

COMPLAINANT INFORMATION

Name: _____

Work Address: _____ Work Phone: _____

Job Title: _____ Email: _____

Select Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name: _____

Title: _____

Work Address: _____ Work Phone: _____

COMPLAINT INFORMATION

1. Your complaint of Discrimination is made about:

Name: _____ Title: _____

Work Address: _____ Work Phone: _____

Relationship to you: Supervisor Subordinate Co-Worker Other

2. Please describe what happened and how it is affecting you and your work. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) incident(s) occurred:

Is the behavior continuing? Yes No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your concerns:

The last question is optional, but may help the investigation.

5. Have you previously reported or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

If you have retained legal counsel and would like us to work with them, please provide their contact information.

Signature: _____

Date: _____