

**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 of race, color, religion, sex, national origin, disability, or marital status.

This form should be completed by the complainant and presented to the Equity Coordinator/ Human Resources. A copy should be retained by the complainant.

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

<b>SECTION II: Explanation of Event</b> (Please provide a thorough description of events including names of witnesses. You may use an attachment if necessary):
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<b>SECTION III: Remedy Sought</b>
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<b>I attest that the above information is true and correct to the best of my knowledge.</b>
<b>Complainant's Signature</b> _____ <b>Date:</b> _____

