

Mesa Public Schools

**EQUAL EMPLOYMENT DISCRIMINATION/RETALIATION  
COMPLAINT FORM**

*Employment discrimination means illegal discrimination against any employee, employment applicant, volunteer, vendor, or contractor on the basis of race, color, national origin, religion, sex (including gender identity, sexual orientation, marital status, or pregnancy), disability, or age.*

**Please print:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Another phone where you can be reached \_\_\_\_\_

During the hours of \_\_\_\_\_

Email address \_\_\_\_\_

**I wish to complain against:**

Name of person, school (department), program, or activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

What is the basis of the discrimination? \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places. Attach additional pages if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of the action against which you are complaining \_\_\_\_\_

If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

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**The Projected Solution**

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

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I certify that this information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant