



TITLE:
Complaint of Workplace Harassment

FORM: GBCX-R-F

Updated 8/7/2020

**Allegation of Harassment on Basis of Race, Color, National Origin, Religion, Sex
(Including Gender Identity, Sexual Orientation, Marital Status, or Pregnancy),
Disability, or Age**

Workplace harassment means any unwelcome verbal, written, or physical conduct that either denigrates or shows hostility or aversion towards an employee, applicant for employment, 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 and that (1) has the purpose or effect of creating an intimidating, hostile, or offensive work environment; and (2) has the purpose or effect of either unreasonably interfering with an employee's work performance or negatively affecting an employee's employment opportunities or compensation. Workplace harassment includes sexual harassment. It does not include legitimate supervision.

I. Name: _____

Work Site or Department: _____

Phone #: _____ Position with District _____

II. What is the basis of the harassment? (race, color, national origin, religion, sex [Including gender identity, sexual orientation, marital status, or pregnancy], disability, or age)

Where did this action or event take place? _____

When did it occur? (date and approx. time) _____

Who was involved? _____

Who may have witnessed this action or event? _____

Did you speak with anyone about this after the action or event? _____

Has this happened before? If so, when, where, who was involved, and who may have witnessed it? _____

Please explain in your own words the description of the action or the event that you believe is harassing behavior. Please be as specific as possible, as the information that you provide will assist us in the investigation of this report. (Please attach an additional sheet if required.)

III. Please explain in your own words how this action or event has affected your work environment, work performance, or employment opportunities:

Please return this completed form promptly to the site/department administrator (or, if applicable, the Assistant Superintendent of Human Resources).

Signature: _____

Date: _____