Eden Teachers Association / Complaint Form

In order to assist the Eden Teachers’ Association in investigating your allegations of harassment, discrimination or retaliation in a prompt and thorough fashion, please complete this form to the best of your abilities and with as much detail as you are able. Once completed, please submit this form to the Association President. If additional space is needed in order to respond to any question below, please attach additional pages as necessary and identify which question corresponds to the information set forth in the additional pages. Any questions regarding this form may be directed to the Association President. No individual will be retaliated against for filing a complaint.

Name of Complainant: ____________________________ Date Submitted: ________________

Job Title: __________________________ Address: ______________________________________

Home phone: ________________________ Cell: ____________________ Work: _________________

(Please circle the number you’d prefer us to call)

Email: __________________________________________________________

Name of Victim (if different than Complainant): ________________________________

Basis of this complaint (check all that apply):

_____ Race/ Color

_____ Age

_____ National Origin

_____ Disability

_____ Sex/Gender

_____ Sexual Harassment

_____ Pregnancy

_____ Marital Status

_____ Familial Status

_____ Sexual Orientation

_____ Gender Expression

_____ Gender Identity

_____ Transgender Status

_____ Genetic Predisposition

_____ Military/Veteran Status

_____ Citizenship

_____ Religious Creed

_____ Domestic Violence Victim Status

_____ Retaliation

_____ Other / Not Sure
Eden Teachers Association / COMPLAINT FORM

If checked “Other/Not Sure,” please briefly explain:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Time(s) and date(s) the incident(s) took place:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Name(s) and office address of the individual who allegedly engaged in the harassment, discrimination or retaliation. If more than one, list all.

Name: ________________________________________________________________
Location: ______________________________________________________________

Describe the incident(s) which occurred with as much detail as you are able, including why you believe the incident(s) constitutes harassment, discrimination or retaliation (please attach any documentation or evidence you believe is relevant to the incident):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

2
Describe briefly what you would consider to be appropriate resolution of the conduct described above: (Please note that the Eden Teachers’ Association retains discretion and authority to determine the appropriate disciplinary and/or corrective action to be taken with regard to meritorious complaints. This question should not be construed in any way to constitute a forfeiture of that discretion or authority.)

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Identify all persons who witnessed the incident(s) described above:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Please identify any other persons you believe have knowledge important to the incident(s) in question, including his/her contact information and a brief description of the knowledge held by each person:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

3
Have you filed a complaint or charge with a Federal, State, or Local Government agency related to the incident(s) identified above?

Yes _____ No _____ Has this incident or occurrence been previously reported to [employer name]? [ ] Y [ ] N If yes, when and to whom?

____________________________________________________________________
____________________________________________________________________

If the incident or occurrence has been previously reported, please describe the remedy, outcome or resolution:

____________________________________________________________________
____________________________________________________________________

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge, information and belief.

_________________________________ ____________________
Complainant’s Signature Date

Received by:

_________________________________ ____________________
Signature Date___________ Print Name: __________________________________________

For Employer Use Only – To be Completed Upon Receipt

Recipient of Complaint (print): ________________________________________________

Date, Time, and Manner (e.g. personal delivery, mailbox, etc.) of Receipt: __________

____________________________________________________________________

Notes: ____________________________________________________________________