



## **Discrimination and Discriminatory Harassment Complaint Form**

**Instructions:** Hampton City Schools is committed to providing an educational and working environment that is free from discrimination. Prior to completing this form, it is important for you to be fully aware of the specific complaint procedures outlined in policy GBA (Equal Opportunity Employer) and policy GBAB (Discriminatory Harassment). In particular, you should review the information on the time limits for filing a complaint as specified in the policies. Please provide all the information requested. Be as specific as possible when discussing incident(s) by including the date(s) the incident(s) occurred, the names(s) of the persons(s) involved and the names(s) of those who may have witnessed the incident(s).

To investigate your complaint, it will be necessary to interview you (complainant), the alleged offender (respondent), and any witnesses with direct knowledge of the allegations or defenses. The Compliance Officer or designee will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action. It is the expectation of Hampton City Schools that those who file a complaint will remain active and cooperative in the investigation process.

Your complaint is not limited to the space provided. You are encouraged to attach additional material which may assist in the investigation process.

Please note that information provided is not considered an official complaint unless it is signed by you and dated. Discrimination and discriminatory harassment complaints may not be submitted by e-mail.

If you need assistance completing this form, please make an appointment with the Executive Director, Human Resources.

Submit Discrimination/Discriminatory Harassment complaints by mail or in person to:

Executive Director, Human Resources  
Hampton City Schools  
One Franklin Street  
Hampton, VA 23669



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Name of person(s) you believe discriminated against you (respondent). The relationship information means supervisor, co-worker, etc., and relationship timeframe is the length of time you have know the person.

1. Name: \_\_\_\_\_  
*First* *Middle* *Last*

Job Title: \_\_\_\_\_ Department/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship Timeframe: \_\_\_\_\_

2. Name: \_\_\_\_\_  
*First* *Middle* *Last*

Job Title: \_\_\_\_\_ Department/School: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship Timeframe: \_\_\_\_\_

3. Date(s) of incident(s) of alleged discrimination/harassment: \_\_\_\_\_  
*(Complaints should be filed within 15 business days of the date of the prohibited discrimination.)*

4. Place(s) alleged incidents of discrimination/harassment occurred: \_\_\_\_\_

5. Describe in detail the specific incident(s) that is the basis of the alleged discrimination:

*(Describe each incident of harassment, discrimination or retaliation separately. Please be as detailed as possible. Use additional paper if needed.)*

6. Did the person you are complaining against state a reason for the action prompting your complaint? If yes, please describe:

7. Describe why you believe the incident you described was related to your race, sex, or whatever basis you indicated above, or why you believe you were retaliated against:

8. List and describe all documents, e-mails, records, materials and other evidence pertaining to your complaint:

9. List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint. Please include contact information if available:

10. Did you take any action to stop the harassment? \_\_\_yes \_\_\_no  
If yes, please summarize the action taken.

11. Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a Hampton City Schools administrator? If so, please identify the individual to whom you made the report, the date you made the report and the resolution.

12. Describe the injury or harm you suffered because of the alleged discrimination:

13. How would you like to see the situation resolved?

Additional information or comments:

If an advisor will assist you in the complaint process, indicate the individual's name, title, address, telephone number and email address.

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Complaint Acknowledgement:

I certify that to the best of my knowledge the information I have provided is accurate and the events and circumstances are as I have described them.

I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender (respondent). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe support my allegation(s). I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence Hampton City Schools deems relevant.

I understand the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines. I understand that if I am found to have knowingly misstated any material fact in this complaint I may be subject to discipline.

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Signature

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Date

Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant records and correspondence regarding the complaint and to accompany you to any meetings.

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Signature

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Date