

TIMOTHY D. AMES, COMPLIANCE OFFICER
MEDICAL LAKE SCHOOL DISTRICT
PO BOX 128
MEDICAL LAKE WA 99022
509.565.3100 Phone 509.565.3102 Fax

Formal Discrimination/Harassment Complaint Form

COMPLAINT INFORMATION:

Full Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Student Employee Other (Specify) _____

Place of Work/School _____ Title/Grade _____

INCIDENT INFORMATION:

Name of Alleged Perpetrator _____ Title _____

When did the alleged incident(s) occur? _____

Where did the alleged incident(s) occur? _____

WITNESS INFORMATION:

List any witness(es) who may have seen or who may know something about the alleged harassment/discrimination:

Are you aware of others who may be subject to harassment or discrimination by the individual against whom this complaint is made? Yes No

If yes, who? _____

Please continue on the reverse side

