

Regional School Unit 73

Discrimination and/or Harassment Complaint Form

Name						
Home Phone Number: () -		Home Address:				
Work Phone Number: () -		City, State & Zip				
Employee Student Other (Please Specify) _____ Please circle the appropriate one above.						
If you are a current RSU 73 employee:						
Supervisor's Name:			School and/or Department:			
Reason(s) for Discrimination:						
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender	<input type="checkbox"/> Gender Identity	
<input type="checkbox"/> Sex	<input type="checkbox"/> Disability	<input type="checkbox"/> Color	<input type="checkbox"/> Retaliation	<input type="checkbox"/> Familial Status	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other

Nature/Form of Complaint (e.g. verbal, threats, intimidation):

Chronology of events:

Has the complaint been brought to the attention of the building administrator/supervisor?
 Yes ___ No ___

If yes, when and method of contact? _____

Please return the completed/signed Employment Discrimination / Harassment Complaint form to an Administrator and/or the Affirmative Action Officer.

RSU 73 will not tolerate employment discrimination or harassment based upon an employee's or applicant's race, national origin, color, age, religion, gender, gender identify, sex, sexual orientation, disability, retaliation, familial status, or any other status protected by law.

An employee or applicant asserting a good faith employment discrimination or harassment complaint and/or participating in an investigation of such complaint will be protected from retaliation or discipline. Any employee found guilty of retaliation will be disciplined, up to and including termination.

All information is held in the strictest of confidence. Please feel free to supplement this form with other documented material before forwarding this form to an administrator and/or Affirmative Action Officer.

Signature: _____ **Date:** _____

Signature of Administrator/Affirmative Action Officer: _____

Date received: _____