



Administrative Form LEG-F122
STAFF / JOB APPLICANT COMPLAINT FORM
REGARDING WORKPLACE DISCRIMINATION

The Washoe County School District ("District" or "WCSD") has developed this Staff/Job Applicant Complaint Form and Staff Complaint Process for the prompt and equitable response to complaints from District staff or job applicants regarding allegations that the District or other staff member failed or refused to hire or discharged any person, or otherwise discriminated against any person with respect to the person's compensation, terms, conditions, or privileges of employment because of the person's age, disability, equal pay, genetic information, gender identity or expression, national origin, pregnancy, race, religion, retaliation, sex, sexual harassment or sexual orientation in compliance with WCSD Board Policy 4111, Equal Opportunity in Employment, Board Policy 9200, Discrimination and Harassment Prohibited, and Administrative Regulation 4425, Staff Complaint Process. The complaint process shall remain confidential to the fullest extent allowed by law.

Complainant Information

Name:			
Address:		City	State ZIP
Home/Cell Phone:	Work Phone:	Email:	
School or Work Location/Department:		Occupation:	

This complaint alleges Discrimination on the basis of (check all that apply):

- Age Disability Genetic Information Gender Identity or Expression Equal Pay
 National Origin Pregnancy Race Religion Retaliation Sex
 Sexual Harassment Sexual Orientation

Subject of Complaint:

Name:
Occupation (if known):
School or Work Location/Department (if known):

Complaint:

Incident(s) occurred or began on or about (date):	Time of Occurrence (approximate is acceptable):
Place of Occurrence (description of area or address). Example: "Room N-99, Anytown High School):	
Time and Place that you addressed complaint with supervisor, or reason for not addressing complaint with supervisor:	
Description of Incident (Please attach additional information as necessary.):	

Please attach any and all related documents you believe are material and relevant to support your complaint allegations.

Possible Witnesses:

Name:	Contact Information (if known):
School or Work Location/Department (if known):	Occupation (if known):
Information witness may have:	

Name:	Contact Information (if known):
School or Work Location/Department (if known):	Occupation (if known):
Information witness may have:	

Name:	Contact Information (if known):
School or Work Location/Department (if known):	Occupation (if known):
Information witness may have:	

Name:	Contact Information (if known):
School or Work Location/Department (if known):	Occupation (if known):
Information witness may have:	

Name:	Contact Information (if known):
School or Work Location/Department (if known):	Occupation (if known):
Information witness may have:	

Signature of ComplainantDate

To Be Completed by Department of Labor Relations

Date Received: _____

Assigned To: _____