

STAFF PERSONNEL

Series 400

POLICY TITLE RESPONDENT FORM

No. 401.1E5

Date of complaint:	
Name of Complainant:	
Specific of allegations against respondent:	
Respondent Statement:	
Names of any witnesses (if any):	

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signed _____ Dated _____

Submit to: Human Resource Department

Last Date Revised: October 9, 2017