



**Richland County School District One
Discrimination and Harassment Complaint Form**

FILE: GBA-E1

COMPLAINANT'S INFORMATION	
Name:	Home Phone: ()
Street Address:	Cell Phone: ()
City, State:	Email Address:
Zip Code:	
COMPLAINANT'S ROLE IN DISTRICT	
Applicant: <input type="checkbox"/> Employee: <input type="checkbox"/> Student: <input type="checkbox"/> Vendor: <input type="checkbox"/> Other: <input type="checkbox"/> _____ <i>(Please Specify)</i>	
Date of first alleged incident of discrimination or harassment: _____	
Name of the person(s) committing action(s) against the complainant, if known.	
Name(s):	Job or Role (if known):
Description of Incident(s):	
Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person).	
Name(s):	Contact Information:
Others you may have discussed this incident with, including contact information for each.	
Name(s):	Contact Information:
Has this matter of discrimination or harassment been previously reported: YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, provide date reported:	Reported to (Name, Title/Job):
If yes, describe the outcome or resolution:	
REMEDY, OUTCOME OR RESOLUTION SOUGHT BY COMPLAINANT	

Signature of Complainant

Date

Signature of Individual Receiving Complaint

Date

Please forward completed form to the Chief Human Resources Officer in the Office of Human Resource Services.