

Harassment/Discrimination Complaint Form

Woodland School District #404
800 Third Street
Woodland, WA 98674

Return completed form to the Human Resources Department.

1. Name of Complainant*: _____ Age: _____ Daytime Phone: _____

*If not completed by Complainant, name of person who is completing this form:

Reason Not Completed by Complainant: ☐ Age ☐ Complainant Declined

School or Workplace: _____

Alleged Perpetrator: _____

Staff person (s) Complainant has talked to regarding this matter: _____

2. Reason for complaint-Describe incident(s) and include date(s) and place(s). Attach additional pages if necessary:

3. Names of witnesses or others who have knowledge of the incident(s):

4. Action desired by Complainant or Parent/Guardian/Custodian:

Signature of Complainant or Person Completing the Form

Date