

**Staff Complaint/Grievance Filing Form**

**CONTACT INFORMATION**

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Program/Work Site and/or Position: \_\_\_\_\_

Contact Information:

**Preferred Method(s)?**

Yes No

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**IDENTIFY POLICY VIOLATED (Identification indicates you have received and reviewed policy)**

Yes No

Violation of Discrimination Policy #5010

Violation of Sexual Harassment Policy #5011

Violation of Employee Rights Policy #5022

Violation of other policy # \_\_\_\_\_

**INCIDENT(S) BACKGROUND (use additional paper if needed)**

Date(s) of incident(s): (at minimum, please note first and last) \_\_\_\_\_

Location(s) of incident(s): \_\_\_\_\_

Witnesses: \_\_\_\_\_

Person(s) Responsible for Policy Violation: \_\_\_\_\_

**INCIDENT DESCRIPTION: (Please describe what happened in factual detail - use additional paper if needed):**

**PREVIOUS INCIDENTS:** (Please describe any past incidents that you believe are related to this grievance, including who was contacted and prior attempts to resolve - use additional paper if needed)

**SUGGESTED REMEDY:** (Please describe any corrective action you wish to see taken with regard to the possible violation - use additional paper if needed)

**OTHER INFORMATION:** (Please provide other information relevant to this grievance - use additional paper if needed)

**SEXUAL HARASSMENT REVIEW REQUESTED – POLICY 5011:** (An informal review request can be changed to a formal request at a later date or if NWESD 189 believes the complaint needs to be more thoroughly investigated.)

Yes No

- Informal (confidentiality will be protected, if requested, to the extent reasonable)
- Formal (confidentiality is not possible because of due process requirements. However, the anti-retaliation provisions of Policy 5011 will be fully implemented to protect complainants and witnesses.)

\_\_\_\_\_/\_\_\_\_\_  
Signature of Grievant / Date

**Person Receiving Grievance:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature / Date / Location

**Remitted to Compliance Officer:**

Name: \_\_\_\_\_ / Date: \_\_\_\_\_