



**EMPLOYMENT DISCRIMINATION/HARASSMENT/RETALIATION COMPLAINT FORM INTERNAL COMPLAINT SYSTEM**

CASE NO. \_\_\_\_\_

Initial Filing:       Site Level       Equal Employment Opportunity Section

1. Name \_\_\_\_\_

Work Phone Number  
\_\_\_\_\_

Personal Phone Number \_\_\_\_\_

Work Email Address \_\_\_\_\_

Personal Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. Job Title \_\_\_\_\_ Employee No. \_\_\_\_\_

Work Location \_\_\_\_\_ Telephone No. \_\_\_\_\_



LOS ANGELES UNIFIED SCHOOL DISTRICT

Policy Bulletin

3. Date of the alleged discriminatory/harassing act: \_\_\_\_\_  
(Internal Complaint System requirement: Above date must be within twelve (12) months of date you file this complaint, except in extenuating circumstances.)

4. Check and specify the basis upon which your complaint is being filed.  
(Example: National Origin Hispanic)

- Race \_\_\_\_\_
- Color
- National Origin \_\_\_\_\_
- Age \_\_\_\_\_
- Religion \_\_\_\_\_
- Medical Condition (cancer-related)
- Military or Veteran Status
- Gender Identity or Expression
- Sex (including pregnancy, childbirth, breastfeeding/lactation status and conditions related thereto)
- Marital Status
- Genetic Information
- Physical or Mental Disability
- Political Belief or Affiliation
- Ancestry
- Sexual Orientation

5. The alleged employment discrimination/harassment occurred in connection with:

- Assignment
- Retaliation
- Promotion
- Harassment
- Benefits
- Transfer
- Sexual Harassment
- Lay Off
- Discharge
- Apprenticeship
- Demotion
- Wages

- Disciplinary Action
- Terms and Conditions



LOS ANGELES UNIFIED SCHOOL DISTRICT

Policy Bulletin

---

Reasonable Accommodation

Other (Specify) \_\_\_\_\_

6. Name(s), Title(s), Work Location(s) and Telephone Number(s) of the accused:

---

7. Present the facts of the alleged discriminatory/harassing/retaliatory employment practice. Describe completely the reason(s) for your complaint. You must include the date(s) and relevant circumstances underlying your allegation. Give the names of all persons involved. Please add sheets if necessary.

---

---

---

---

---

8. Do you have witnesses that can corroborate your allegations?  Yes  No  
If yes, please identify:

---

---

---

9. Please supply supporting evidence that you may have to document the basis for the alleged discriminatory/harassing practice that you are claiming (e.g., copies of any written material, e-mails, pictures, etc.).

I have attached supporting evidence:  Yes  No

10. Have you filed any other claim, complaint or grievance related to this matter?  Yes  No  
If Yes, please describe:

---

---

---

11. What remedy are you seeking to resolve your complaint?

---

---

I understand that the filing of this complaint does not protect any other rights that I may have as an employee of the District or as covered by a collective bargaining agreement. By signing below, I declare and affirm under penalty of perjury under the laws of the state of California that the statements made herein (and the accompanying attachments, if any) are true and correct to the best of my knowledge, information, and belief.

Complainant's Signature \_\_\_\_\_

Date Filed \_\_\_\_\_

Please submit this form to the site administrator, designee, or that person's immediate supervisor. If the complaint is being filed with the Equal Opportunity Section, please mail or fax to EOS at: 333 South Beaudry Avenue, 20th Floor, Los Angeles, CA 90017; facsimile 213.241.3308. For more information, please call EOS at 213.241.7685.