



## Harassment or Discrimination Complaint Form Employee

(Please provide information regarding your complaint in the following form. When completed, please save the form and deliver to the EEO Office by mail or as an attachment to the following email address, EEO@matsuk12.us)

1. Employee name \_\_\_\_\_
2. Email address \_\_\_\_\_
3. Phone number \_\_\_\_\_
4. Name of person(s) complained about \_\_\_\_\_
5. Date of incident(s) \_\_\_\_\_
6. Please describe your concern(s) in the space provided (you may also provide additional information as necessary)

Incident description, continued:

