



District School Board of Pasco County

Office for Employee Relations Complaint Report Instructions

PURPOSE:

This form is to be used when an employee or applicant for employment is filing a complaint alleging discrimination, unlawful harassment or bullying. This complaint must be in regard to an alleged violation of School Board's Nondiscrimination and Equal Employment Opportunity Policy (1122, 3122, 4122) or the Anti-Harassment Policy (1362, 3362, 4362).

If you believe that you have been discriminated against or unlawfully harassed on the basis of one or more of the following protected classes: sex, race, color, national origin, religion, disability, marital status, genetic information, age or any other characteristics protected by Federal and/or Florida civil rights law (hereinafter referred to as unlawful harassment), or if you believe you have been bullied, please complete this form and submit it to:

ATTN: Equity Manager
Office for Employee Relations
District School Board of Pasco County
7227 Land O'Lakes Blvd.
Land O'Lakes, FL 34638
OR
Fax: (813) 794-2679

Please reference the definitions listed below to determine the nature of the alleged offense. If the complaint does not meet the definition of discrimination, unlawful harassment or bullying, it should be addressed with the building administrator/department supervisor.

DEFINITIONS:

Discrimination: The prejudicial treatment of an individual based on their actual or perceived membership in a protected class.

Unlawful Harassment: Any threatening, insulting, or dehumanizing gesture, use of data or computer software, or written, verbal or physical conduct directed against an employee on the basis of a protected class, which is sufficiently *severe, persistent, or pervasive* that it:

- A. Places an employee in reasonable fear of harm to his/her person or damage to his/her property;
- B. Has the effect of substantially interfering with an employee's work performance; OR
- C. Has the effect of substantially disrupting the orderly operation of the worksite or school.

Bullying/Cyberbullying: *Systemically and chronically* inflicting physical hurt or psychological distress on an employee through unwanted and repeated written, verbal or physical behavior, including any threatening, insulting, or dehumanizing gesture that:

- A. Is severe or pervasive enough to create an intimidating, hostile, or offensive work environment;
- B. Cause discomfort or humiliation; OR
- C. Unreasonably interferes with the individual's work performance or participation

Incivility: Low-intensity deviant behavior, not based on a protected class, with the ambiguous intent to harm the target. Uncivil behaviors are characteristically rude and discourteous, display a lack of regard for others and show a lack of respect for the target. Examples of incivility include making insulting comments, spreading false rumors, social isolation and abrasive communication.

PLEASE NOTE:

This form is required to initiate a formal investigation into allegations of discrimination, unlawful harassment or bullying. All information provided by you is considered confidential; however, we cannot guarantee confidentiality. We will attempt to maintain as much confidentiality as possible with all of the information provided by sharing information only with those persons who are considered essential to the investigation and disposition of your complaint. However, once a finding is made and the investigation is inactive, the complaint record becomes public record in accordance with Florida Statute Title X, Chapter 119 Public Records.

It is against District policy for anyone to retaliate against you for filing a complaint. Please contact the Equity Manager at 813-794-2679 immediately if you experience any retaliation or negative repercussions from filing your complaint.

INSTRUCTIONS:

Please complete all sections of this form. Be as specific as possible when discussing the incidents. Include the date(s), the incident(s) that occurred, the name(s) of the person(s) involved, and the name(s) of those who may have witnessed the incident(s). Your complaint is not limited to the space provided. You are encouraged to attach any additional materials that may assist in the investigation process.

If you have any questions regarding the complaint process and/or Complaint Report Form, please call the Equity Manager at 813-794-2679.



District School Board of Pasco County

Office for Employee Relations Complaint Report

Your name: _____ email: _____

Street address: _____

Preferred contact number: () _____ Work location: _____

Alleged discrimination or unlawful harassment based on: *(check all that apply)*

Sex Race Color National origin Religion Disability
 Marital status Genetic information Other _____

OR

Bullying

Date unlawful incident(s) allegedly took place:

Earliest _____ Latest _____ Continuing? **Y or N**

Person(s) allegedly discriminating/harassing/bullying:

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Your complaint/allegation:

Please describe your complaint against the person(s) named. Specifically, how were you treated differently from others or how you were discriminated against or unlawfully harassed, on the basis of sex, race, color, national origin, religion, disability, marital status, genetic information, or any other characteristics protected by Federal and/or Florida civil rights law? **OR** Describe the repeated bullying behavior that has caused you physical hurt or psychological distress. Please include any actions, comments, or incidents that caused you to file your complaint. Attach additional pages, if necessary.

What steps, if any, have you taken to report and/or resolve the matter to this point?

Reported to (Name): _____ Date: _____

Describe how concerns were reported: _____

Results: _____

Reported to (Name): _____ Date: _____

Describe how concerns were reported: _____

Results: _____

Reported to (Name): _____ Date: _____

Describe how concerns were reported: _____

Results: _____

Persons who have witness alleged incidents or have knowledge of the events. Please attach additional names if needed.

Name: _____ Phone: _____

Relationship to you: _____ email: _____

Name: _____ Phone: _____

Relationship to you: _____ email: _____

Name: _____ Phone: _____

Relationship to you: _____ email: _____

Name: _____ Phone: _____

Relationship to you: _____ email: _____

How would you like the District to resolve your complaint ?

AFFIRMATION AND AUTHORIZATION

(Must be signed by you, the complainant)

I authorize the Equity Manager, or designee, to contact the person(s) named by me in my complaint to attempt resolution. I understand that the District may, at its discretion, contact others in the course of the investigation.

I understand that the District will conduct an investigation of my complaint, maintaining confidentiality to the extent permitted by law. I understand that during the course of this investigation it may be necessary to reveal my identify and other facts discovered in this inquiry to others, including but not limited to the respondent, a limited number of District administrators, or persons who may have further information or responsibility relevant to my complaint. I also understand that once a finding is made and the investigation is inactive, the complaint record becomes public record in accordance with Florida Statute Title X, Chapter 119 Public Records. I agree to refrain from discussing this investigation with co-workers and/or students, however, I retain the right to discuss with a USEP or other representative if I choose.

I acknowledge that knowingly providing false information or providing information that I do not believe to be true in this complaint or during the investigation will subject me to disciplinary action, up to and including termination.

I affirm that the information I have provided with regard to this complaint is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

FOR EMPLOYEE RELATIONS' USE ONLY

Received by: _____

Date: _____

