



**DISTRICT SCHOOL BOARD OF PASCO COUNTY
OFFICE FOR EMPLOYEE RELATIONS**

MIS Form #202
Rev. 01/18

**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 coworkers 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: _____