

**Bessemer City Board of Education  
1621 5th Avenue North  
Bessemer, Alabama 35020**

**Discrimination/Harassment Complaint Form**

*To be completed by the Complaining Party*

Date Submitted:	
<b>Complainant Information</b>	
Name of Complainant:	Signature of Complainant:
Complainant Home Address:	Complainant Phone Number(s): Home: ( ) _____ Cell: ( ) _____ Work: ( ) _____
<b>Complainant's Role(s) in the School District</b>	
<input type="checkbox"/> Student      Age:                      Grade:                      Building:	
<input type="checkbox"/> Employee      Title:                                      Building:	
<input type="checkbox"/> Parent or Guardian:	Child's Name:
<input type="checkbox"/> Community Member:	
<input type="checkbox"/> Other (please specify)	
<b>Reason for Complaint or Grievance</b>	
<input type="checkbox"/> Race, Color, National Origin, Ethnic Group	<input type="checkbox"/> Religion, Religious Practice
<input type="checkbox"/> Gender, Sexual Orientation, Sex	<input type="checkbox"/> Disability, Weight, or Age
<input type="checkbox"/> Sexual Harassment, Other Harassment	<input type="checkbox"/> Other (please specify)
<b>Discriminatory or Harassing Actions or Nature of the Discrimination</b>	
Date, time, place of the alleged incident of discrimination or harassment relating to this Complaint:	
Name of person(s) committing action(s) against complainant and their title(s), if known:	

Description of the incident/occurrence relating to this Complaint:

Witness Information

The names of others who should be contacted with knowledge vital to this investigation  
(include contact information for each person; use additional paper if necessary)

Name(s):

Contact Information:

Others with whom you may have discussed this incident with (include contact information for each)

Names(s):

Contact Information:

Remedy, outcome or resolution sought by complainant

Please specify what action you desire for the School District to take in response to this Complaint:

Has this incident/discrimination been previously reported?

No

Yes

If yes, to whom, when (date) and describe the remedy, outcome or resolution (use additional paper if necessary)

If there are multiple or other incidents of alleged discrimination/harassment, for each such incident, provide date, time, place, description, and names of those involved

Does not apply

Name(s) of other persons involved:

Contact Information & their job title (if known):

For each other incident of alleged discrimination/harassment, please provide date, location, time and description:

:

Please mail or hand deliver all 3 pages of this form to the Bessemer City School Board's **Human Rights Officer:**

**Olivia Johnson**

**Bessemer City Board of Education**

**1621 5<sup>th</sup> Avenue North, Bessemer, Alabama 35020**

**Please call Human Rights Officer Olivia Johnson at (205) 432-3019 if you have any questions**