## Wakulla County School Board Discrimination/Harassment Complaint Form

The School Board seeks to provide a work environment free of discrimination and harassment on the basis of race, color, religion, sex, national origin, disability, or marital status.

This form shall be completed by the Complainant and presented or forwarded to the Equity Coordinator/Human Resources. A copy should be retained by the Complainant.

Section I:	Complainant Informa		
Address:		Chata	- 7:-
City:Phone ()	Work Phone (	State:Cell Phot	Zip
The hest time to contact me is:	() 	□ P M on my □ Home r	phone Work phone Cell phone
Level of Complaint			work phone   cen phone
(Head of Department)			
II Robert Pearce		III: Angie	Walker
(Superintendent)		(Equity 0	Coordinator)
Alleged Basis of Discrimination			
Race Color	Religion Sex	☐ National Orig	in Age
☐ Disability ☐ Ma	rital Status Polit	ical Beliefs Ethr	ic Origin
Complainant's Relationship to Wakulla County School Board (please check one):			
☐ Employee ☐ App	-	Visitor	Volunteer
Section II Explanation of Event (Please provide a thorough description of events including names of witnesses. You may use an attachment if necessary):			
,,			
Section III	Remedy Soug	ht	
I attest that the above information is true and correct to the best of my knowledge.			
Complainant's Signature		Date	