



COMPLAINT FORM

INSTRUCTIONS FOR COMPLETION

The Office of Equal Opportunity Services (EOS) is available to employees, students, and the community to address issues of discrimination and harassment based upon a protected class. EOS also addresses issues of sexual harassment and retaliation for participating in a protected activity.

By completing the complaint form, you are providing us with important information that will be used to determine whether or not your issues have the necessary elements to establish a civil rights claim.

To establish a civil rights claim, the following three elements must be included in your statement on Page 4:

- Your protected group status (i.e. race, color, religion, national origin, physical or mental disability, age, gender/sex, sexual orientation, gender identity, marital status, ancestry, pregnancy, veterans status, or medical condition) or claim of sexual harassment or retaliation for participating in a protected activity
- The incident/situation which you believe to be discriminatory
- A comparison of the treatment you received as a member of a protected group to other individuals who are similar situated but who are not members of your protected group (doesn't apply to sexual harassment).

EOS has the responsibility for investigating complaints when an individual alleges prohibited conduct or wrongdoing related to discrimination of a protected class as identified in APS Board Policies and Procedural Directives. The internal complaint process is not a legal proceeding and is one of several methods used to resolve concerns of individuals. EOS staff can explain the applicable procedure and the investigation process entailed with a formal complaint.

Please be advised that:

- You should make a copy of the paperwork **BEFORE** submitting documents to EOS.
- Formal complaints **MUST** be filed within 180 days of the most recent act.
- Completing an intake form (vs. complaint form) is for review purposes only
- Information contained on the form is held confidential in this office.
- If you realize you have left something out or something happens after you submit your complaint form, please contact our office to let us know.

GENERAL INFORMATION:

Name: _____ Employee or Student #: _____

Title or Grade: _____

(For students only) Name of parent/legal guardian: _____

Department of School name: _____

Address you want EOS correspondence to be sent to:

City and Zip Code: _____

Phone number: cell _____ work _____ home _____

Email address: _____

Please indicate the reason(s) why you believe you have been treated differently:

Race _____ Color _____ National Origin _____ Ethnicity _____

Sex/gender _____ Gender Identity _____ Sexual Orientation _____

Disability _____ Sexual Harassment _____ Religion _____

Veteran Status _____ Age _____

Other protected status as defined by law: _____

_____ Retaliation for complaining about civil rights violations or participating in a civil rights investigation.

EOS IS ONLY AUTHORIZED TO INVESTIGATE CIVIL RIGHTS VIOLATIONS. IF YOUR COMPLAINT DOES NOT FALL INTO ANY OF THESE CATEGORIES, WE WILL TRY TO DIRECT YOU TO THE APPROPRIATE PLACE TO GET HELP.

1. Who do you believe has violated your civil rights?

a. Name: _____

Title/Grade: _____

School/Department: _____

b. Name: _____

Title/Grade: _____

School/Department: _____

2. When did the civil rights violation(s) take place? (Please be advised that complaints must be filed **within 180 days** of the most recent act).

Date: _____ Time: _____ Location: _____

3. How often did the alleged conduct or wrongdoing occur?

Daily _____ Weekly _____ Monthly _____ Other _____

4. To whom did you report the incident?

a. Name: _____ Title: _____

School/Department: _____

5. Please provide a specific and detailed statement of the incident(s) or conduct that you perceive to be discriminatory and/or sexually harassing. Provide the dates and describe the events, in chronological order, and be sure that you refer to the basis of your claim (e.g. race, gender, etc.) as well as a comparison of the treatment you received as a member of a protected group to other individuals who are similar situated, but who are not members of your protected group (doesn't apply to complaints of sexual harassment).

6. Did this behavior occur with any other student/employee? ___ Yes ___ No

Are there any witnesses to this behavior? ___ Yes ___ No

If you answered yes to either question, indicate the name and addresses below:

a. Name: _____

Phone: _____ Email: _____

b. Name: _____

Phone: _____ Email: _____

It is your responsibility to notify EOS and the District IN WRITING of any changes in your address or telephone number. Notification should be provided to EOS WITHIN ONE WEEK from the effective date of any change.

If your claim qualifies for formal investigation, we will contact the witness(es) you have named and request an interview. In order to preserve the integrity of the investigation, please do not discuss their part in the investigation with them.

Participation in a civil rights investigation is an activity protected by federal law. Harassment or retaliation against someone for his/her participation in an investigation may violate this law. In order to preserve confidentiality, we will not be able to tell you what they said, when we spoke to them or if they declined to be interviewed.

The Albuquerque Public Schools Office of Equal Opportunity Services has an obligation to protect the complainant when conducting an investigation or participation in the mediation. EOS also has an obligation to preserve the due process rights of the respondent.

By signing or submitting below, I am indicating that I understand my identity and my complaint will be made known to the respondent. Other information related to the internal complaint and filed with EOS will only be disseminated to appropriate personnel.

Signature

Date