



Series 4000
PERSONNEL

COMPLAINT FORM REGARDING SEXUAL DISCRIMINATION OTHER THAN SEXUAL HARASSMENT (PERSONNEL)

This complaint form should be used for complaints of sex discrimination as defined on page 1 of the Board's Administrative Regulations Regarding the Prohibition of Sex Discrimination and Sexual Harassment (Personnel)

Name of complainant	
Date of the complaint	
Date of the alleged sex discrimination	
Name or names of the sex discriminator(s)	
Location where such sex discrimination occurred	
Name(s) of any witness(es) to the sex discrimination	
Detailed statement of the circumstances constituting the alleged sex discrimination	
Remedy requested	

Signature: _____