



Human Resource Services

Employment Discrimination/Harassment Review Request

CONFIDENTIAL

Instructions:

Individuals alleging harassment and/or discrimination and requesting review are required to complete this form and select the appropriate Compliance Coordinator listed below and submit to 5735 47th Avenue, Sacramento, CA 95824 ● P.O. Box 246870, Sacramento, CA 95824-6870:

- **Student Related Issues (Title IX):** Director of Student Services/Alternative Education OR
- **Employee Related Issues (Title VII):** Chief Human Resources Officer

1. **Name of Complainant:**

Home Address _____ Zip _____ Home Telephone _____

School/Office:

2. **Nature of Your Complaint:** Please describe the action you believe may be in violation of Title IX, or Title VII and identify any person(s) you believe may be responsible. (Attach additional sheets if necessary.)

3. Have you discussed your complaint with any Sacramento City Unified School District personnel?

Yes No

If yes, to whom have you spoken? _____ Date: _____

4. What was the result of the discussion(s):

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR GRIEVANCE.

I certify that the foregoing is true and correct.

Print Name Signature Date

FOR HUMAN RESOURCE SERVICES USE ONLY:

Date Received: _____ Initial _____