

Employee Anti-Discrimination Complaint Form
Discrimination, Harassment or Retaliation
Educational Service Unit No. 2

Educational Service Unit No. 2 does not discriminate on the basis of race, color, national origin, sex, disability, religion, age or other protected status individuals. This complaint form is to be used when a person has a complaint related to discrimination, harassment or retaliation on such bases in regard to employment or the programs and activities of the ESU. (Refer to ESU 2 Board Policy 5610)

The coordinator may be contacted if you have questions about filling out this complaint form:

Coordinator
2320 N. Colorado Avenue
PO Box 649
Fremont, NE 68026
(402) 721-7710
tdeturk@esu2.org

Name: _____ Date: _____

(1) Description of the complaint:

(2) Names of any witnesses to the matter being complained about:

(3) Identify and attach any document supporting the complaint:

(4) Confidentiality: I do ___ do not ___ give consent to my identity being shared with the person(s) against whom I am complaining. If I do not give consent, I understand that the investigation may be hindered, but that the ESU will nonetheless investigate and take prompt and effective action to remediate the concerns I have raised, if appropriate.

(5) Relief requested (what I want done in response to this complaint):

The undersigned states: The facts in this complaint are true to the best of my knowledge, information and belief. I give permission for an investigation to be made into this complaint. I understand that the ESU will take steps to prevent me being retaliated against for filing this complaint that I am to notify the ESU if any such retaliation occurs, and that the ESU will take prompt and strong responsive action if retaliation occurs.

Signature: _____ Date: _____

Received by: _____ Date: _____