



# Bedford Public Schools

1135 Smith Road • Temperance, Michigan 48182 • (734) 850-6000 • Fax (734) 850-6099 • www.bedford.k12.mi.us

## BEDFORD PUBLIC SCHOOLS DISCRIMINATION/HARASSMENT COMPLAINT FORM

To file a complaint, complete and return this form to the appropriate administrator and/or Howard D. Schwager, Executive Director of Human Resources & Labor Relations, 1135 Smith Road, Temperance, Michigan 48182. *(Please add additional pages as needed)*

The investigation will be handled as confidentially as possible under the circumstances. The need to interview the witnesses and the offending individual(s), however, does not allow for total confidentiality in the process.

If the investigation finds harassment occurred it will result in prompt and appropriate remedial action. This may include up to expulsion for students, up to discharge for employees, exclusion for parents, guests, volunteers and contractors, and removal from any officer position and/or a request to resign for Board members.

Retaliation against any person for complaining about harassment/discrimination, or participating in a harassment/discrimination investigation, is prohibited. Suspected retaliation should be reported in the same manner as harassment/discrimination. Intentionally false harassment/discrimination reports, made to get someone in trouble, are also prohibited. Retaliation and intentionally false reports may result in disciplinary action as indicated above.

1. Name: \_\_\_\_\_  
*First Middle Last*
2. Address: \_\_\_\_\_  
*Street or PO Box City STATE ZIP*
3. Contact Phone: \_\_\_\_\_ 4. Alternate Phone: \_\_\_\_\_
5. Email: \_\_\_\_\_ 6. Other: \_\_\_\_\_
7. I Am A/An:  Employee  Student  Other: \_\_\_\_\_

8. Work Location/Address: \_\_\_\_\_

9. Nature of Harassment/Discrimination:

<input type="checkbox"/> Age
<input type="checkbox"/> Bullying
<input type="checkbox"/> Color
<input type="checkbox"/> Disability
<input type="checkbox"/> Genetics
<input type="checkbox"/> National Origin
<input type="checkbox"/> Race
<input type="checkbox"/> Religion
<input type="checkbox"/> Sex
<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Other

10. Date(s) of alleged incident(s):

11. Name of person(s) you believed harassed/discriminated against you:

12. Describe in detail the specific incident that is the basis of the alleged harassment/discrimination: (attach additional sheets if necessary)

13. Were there any witnesses? If yes, please provide their name(s) and any contact information such as phone or address:

14. Desired Outcome/Remedy Requested:

This complaint is filed based on my honest belief that harassment, discrimination, or another form of violation has occurred to me or another person. I hereby certify that the information I have provided and may provide in the future related to this complaint is true, correct, and complete to the best of my knowledge.

I also understand that I am expected to cooperate and practice confidentiality during the pendency of this matter including respect for the integrity of this process to investigate this complaint and any ensuing decisions made by Bedford Public Schools or their agents.

\_\_\_\_\_  
Complaint Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature (if available)

\_\_\_\_\_  
Date

**For Office Use Only – A copy MUST be sent to HR-LR if originally filed elsewhere**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_