



Discrimination & Harassment Incident
Complaint Form and Process

The Burlington School District is dedicated to ensuring that the workplace is an equitable, inclusive and safe environment for every employee. We encourage you to inform your supervisor or HR about any complaint, concern or problem that you or your co-workers experience.

If you are reporting an incident that poses an imminent risk of harm to a person(s) or property, contact the Burlington Police Department by dialing 9-1-1.

If you are unsure or would like to speak to someone about completing this report form, please call the Human Resource Services Department at 802-864-2159 so that you can be put in touch with a **Employee Relations Advisor**.

Not every incident will be a violation of District policy or law, however all reported incidents will be reviewed for an appropriate response. Depending on the nature and severity of the behavior, incidents may be resolved through informal interventions, mediation, education, restorative practices, and community dialogue or as a result of a formal investigation. Formal investigations generally will take place only as a result of your decision to file a formal complaint about what happened to you.

Employee Complaint/Statement Form

We ask that you complete this form within five working days or as soon as possible after the incident or problem first occurred. Your supervisor or the Human Resource Services Department will contact you regarding this matter within five working days of receiving your complaint.

Name: _____

Date: _____ Contact Phone Number: _____

Department: _____ Title: _____

Complaint/Concern Information

Date of Incident: _____ Approx. Time of Incident: _____

Location of Incident:

Please indicate the **Type of Harassment and/or Discrimination** you are reporting (check all that apply)

- Age Disability Status Gender Gender Identity/Expression National Origin
 Race/Ethnicity Religion Sexual Orientation Anti-Semitic Veteran Status
 Other Not Sure

Please identify the nature of the incident you are reporting (check all that apply):(Required)

- Verbal assault/slur Physical assault Threat of attack Fear for safety Written slur
 Phone harassment Sexual harassment Destruction/Damage of Property Vandalism
 Cyber Harassment Sexual Assault Physical Violence Other

Please describe the specific act(s), incident(s) or concern(s) in as much detail as possible:
(You may add additional sheets if needed.)

Are there others who have witnessed this behavior or others who have experienced a similar concern or problem? If so, please provide their name(s) and phone numbers.

Have you raised this complaint/concern with others in the District?

Yes No

If yes, please list their names:

If a meeting or hearing is required, are you willing to discuss your complaint/concern at the meeting or hearing? Yes No

Date: _____
Name _____

Witness

Please return this form to your supervisor or the Human Resource Services Department