

DISCRIMINATION RESPONDENT'S STATEMENT FORM

Respondent may use this form to provide a written response to the initiated complaint.

Complainant: An individual who is alleged to be the victim of discrimination.

Respondent: An individual who is alleged to be the perpetrator of discrimination.

RESPONDENT PERSONAL INFORMATION

Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: (Cell) _____ (Work) _____

Student ID: _____ Campus: _____

Employee ID: _____ Job Title: _____

Employee's School/Office Location: _____

Informal Resolution: Are you interested in the district's voluntary resolution process? Yes No

Response to Complaint:

Please attach additional sheets, if necessary.

Were there any witnesses to this matter? Yes No

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s).

Please attach additional names if needed.

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____



Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Did you discuss this matter with any of the witnesses previously identified? Yes No

Name(s): _____ Date: _____

Method of Communication: _____

Name(s): _____ Date: _____

Method of Communication: _____

Please identify any administrators, District employees, or law enforcement agency to whom you have provided information about the allegations in the complaint:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

I certify the aforementioned is true and correct.

Signature

Date

