

MODESTO CITY SCHOOLS

Exhibit

E 4030

MODESTO CITY SCHOOLS

DISCRIMINATION IN EMPLOYMENT COMPLAINT FORM

Directions: Please provide the information requested.

Name _____
Last Name First Name

Address _____
Street City Zip Code

Home Telephone _____ Work Telephone _____

Name of the person(s) who committed the alleged discrimination in employment act(s) _____

Discrimination in employment was related to:

_____	Recruitment	_____	Selection (Vacancy No. _____)
_____	Promotion	_____	Compensation
_____	Training	_____	Termination

Describe the alleged discrimination in employment act(s)--specify time, place, nature, participants in and witness(es) to the alleged discrimination in employment act(s). Include other pertinent information which may assist in the investigation and resolution of the complaint:

Discrimination in Employment Complaint Form (Page 2)

Complainant's suggested remedy for resolution of the complaint:

Date

Signature

Release Waiver (Optional)

Confidentiality: Use of your name and information in this complaint will be limited to our investigation only. This information will be released to the public at large only if you sign the release.

Release Waiver: I give my permission for my name and information included in this statement to be released to the public.

Date

Signature

ADOPTED: December 14, 2019