CIVILITY COMPLAINT FORM

If you believe that you have experienced uncivil conduct at your worksite, please complete this form and include all details necessary to best describe the incident(s) you have experienced. Once you have completed this form please forward it to the East Valley School District’s Civil Rights Compliance Officer: Jane Stencel, 3830 N Sullivan Bldg. 1, Spokane Valley, WA 99216, stencelj@evsd.org, (509) 924-1830.

Complainant Information

Full Name ___________________________________________ Date __________
Location/Department ___________________________________________
Phone ___________________ Email ________________________________

Accused Information

Full Name ___________________________________________ Date __________
Location/Department ___________________________________________
Relationship to Complainant ______________________________________

Witness Information

List any witnesses who may have seen or who may know something about the alleged uncivil conduct:
____________________________________________________________________________
____________________________________________________________________________

Are you aware of others who may be subject to uncivil conduct by the individual against whom this complaint is made?  □ Yes  □ No
If so, who? ________________________________________________________________

Incident Information

WHEN did the alleged incident(s) occur? ________________________________
WHERE did the alleged incident(s) occur? ________________________________

Please continue on the reverse side
Please explain the events that occurred.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
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________________________________________________________________________

Certification

I hereby certify that the information in this complaint is true, correct and complete to the best of my knowledge.

__________________________________________  ________________
Complainant’s Signature                      Date Filed

__________________________________________  ________________
Received By                                  Date Received