

# Lassen Youth Football & Cheer Discrimination/Harassment Complaint Reporting Form

The Lassen Youth Football League shall follow uniform complaint procedures when addressing complaints alleging unlawful discrimination against any protected group to include actual or perceived sex, sexual orientation, gender, ethnicity, race, ancestry, national origin, religion, color, mental or physical disability, and age, as well as association with member of a protected class. All persons should enjoy freedom from discrimination and/or harassment of any kind. This also includes sexual harassment.

## I. Contact Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

## II. Complainant

You are filing this complaint on behalf of \_\_\_\_\_  
 Yourself       your child       another student       a group

## III. Basis of Discrimination or Harassment:

Please check the following box(s), based on the type(s) of harassment you experienced. Complaints related to:

- |   |   |
|---|---|
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Ancestry                                 |
| <input type="checkbox"/> Gender *           | <input type="checkbox"/> Mental or physical disability            |
| <input type="checkbox"/> Ethnicity          | <input type="checkbox"/> Age                                      |
| <input type="checkbox"/> Race               | <input type="checkbox"/> Association with any of these categories |
| <input type="checkbox"/> National origin    | <input type="checkbox"/> Sexual Harassment                        |
| <input type="checkbox"/> Religion           | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Color              |   |

## IV. Details of Complaint

Please answer the following questions to the best of your ability. Attach additional sheets of paper if you need more space.

Please **describe** the type of harassment or discrimination that you experienced, including the events or actions, in as much detail as possible:

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List the **people** involved in harassing or discriminating against you:

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List any **witnesses** of the incident:

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Describe the **location where** the harassment/discrimination occurred:

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Please list **all the date(s) and times** when the harassment/discrimination occurred or when the alleged harassment/discrimination first came to your attention:

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**What steps**, if any, have you taken to resolve this issue before filing a complaint?

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How and what would you like for an outcome from this complaint?

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Signature of person filing complaint: \_\_\_\_\_ Date: \_\_\_\_\_

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**Official use only:**

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Received by: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Title: \_\_\_\_\_

**Actions Taken by the Board:**

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**Please provide a duplicate copy to the complainant.**