

**REPORT FORM FOR COMPLAINTS OF DISCRIMINATION**

Complainant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
School Building: \_\_\_\_\_  
Date of Alleged Incident(s): \_\_\_\_\_

Alleged discrimination was based on: (circle those that apply)

Race	Color	National Origin
Gender	Disability	Religion
Ancestry	Age	Sexual Orientation
<u>Marital Status</u>	<u>Creed</u>	<u>Pregnancy</u>
		Other _____

Name of person you believe violated the district's nondiscrimination policy:  
\_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person:  
\_\_\_\_\_

Describe the incident as clearly as possible, including any ~~verbal-written or oral~~ statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

