



## REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

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

Alleged harassment was based on: (Check all that apply.)

- Race
- Gender
- Ancestry
- Color
- Disability
- Age
- National Origin
- Religion
- Sexual Orientation
- Gender Identity or Expression
- Status as a Veteran

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 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 provided in this complaint is true, correct and complete to the best of my knowledge.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date