



Boulder Valley School District

File: AC-E2

Adopted: May 8, 2007

Revised: October 23, 2012, February 8, 2022

**NONDISCRIMINATION/EQUAL OPPORTUNITY
(COMPLAINT/GRIEVANCE FORM)**

Date of Report: _____

Do you wish to remain anonymous: Yes No

If not proceeding anonymously, name of Reporting Party (Complainant): _____

Reporting Party Email: _____

Reporting Party Information:

- I am the person who experienced the misconduct.
- I am reporting conduct I observed.
- I am reporting conduct I learned about from another person.

I would like the report:

- To be investigated.
- To be used for informational purposes only
- I am not sure

Date of the incident: _____

Name(s) of school, department, and person(s) involved: _____

Why do you believe this incident occurred:

- Age
- Ancestry/National origin
- Citizenship status/Immigration status
- Disability
- Sex/Gender
- Gender identity or expression
- Socioeconomic Status
- Race/Ethnicity
- Religion
- Sexual Orientation
- Other: _____

Description of the incident: _____

Did anyone witness the incident? Yes No

Name(s) of witness(es) to the incident: _____

Have you reported the incident to other BVSD staff? If so, please list name and response:

If others are affected by the possible discrimination or harassment, please give their names:

What would your ideal course of action to address the incident be?:

Do you wish to be contacted? Yes No

Is there anything else you would like to share regarding this incident?

Signature of complainant

Date

Signature of person receiving complaint

Date

End of File: AC-E2