

U.S.D. No. _____ Complaint of Discrimination Form

The policies of Board of Education of U.S.D. No. _____ prohibit discrimination on the basis of race, color, national origin, disability, religion and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited.

Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following discrimination coordinators:

District Discrimination Coordinator: Name: _____ Address: _____ Phone: _____
 Building Discrimination Coordinators: Name: _____ Address: _____ Phone: _____
 Name: _____ Address: _____ Phone: _____

Name of Complainant:	
Address:	
Telephone Number:	

Nature of the Complaint:	I believe that I have been subjected to discrimination on the basis of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Racial Harassment <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Harassment on the basis of _____
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Please describe the incident or act complained of: Please include information about: <ul style="list-style-type: none"> • Who was the person engaging in the conduct? • What was the nature of the conduct? • When did it occur? • Where did it occur? • What effect did the incident have on you? 	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
Attach additional sheets if necessary.	

Were there any witnesses to this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate who the witnesses were: <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
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What action do you believe the school should take with regard to this incident?	<div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>
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If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter? Yes No

Signature: _____ Date _____