

**REPORT OF DISCRIMINATION/HARASSMENT**

Name of Complainant:

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For Students, School Attending:

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For Employees, Position and Location:

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Address, Phone Number

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Email Address:

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Date(s) of Alleged Incident(s) of Discrimination/Harassment:

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Name of person(s) you believe discriminated against/harassed you or others:

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If the alleged discrimination/harassment was toward another, please identify that person:

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