

DISCRIMINATION COMPLAINT FORM

Name of complaint:

Employee School/Department: _____

Non Employee Student Parent/Guardian Other Specify: _____

Type of Discrimination:

Race Sex/Gender Marital Status Color Age

Religion Disability National Origin Sexual Orientation

Specific Complaint:

Please provide detailed information including names, dates, places, activities and results of informal discussion. Attach additional pages if necessary.

Remedy:

Signature: _____

Contact Info: _____

Instructions for Submitting Discrimination Complaint

If you are an **employee**, this complaint form should be submitted to **Human Resources**.

If you are a **parent** or **student**, this complaint form should be submitted to your **Principal**.