

Nondiscrimination on the Basis of Disability
(Complaint Form)

Date: _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment.)

Summary of alleged discrimination:

Name(s) of individual(s) committing alleged discrimination:

Date(s) alleged discrimination occurred: _____

Name(s) of witness(es) to alleged discrimination: _____

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

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this complaint. _____

Signature of complainant

Date

Signature of person receiving complaint

Date

Issued: October 26, 2011
Revised: August 19, 2020

Fountain-Fort Carson School District #8, Fountain, Colorado