

AC-E-2 - Nondiscrimination/Equal Opportunity

(Complaint Form)

Date: _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

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

Summary of alleged discrimination or harassment:

Name(s) of individual(s) allegedly engaging in prohibited conduct:

Date(s) alleged prohibited conduct occurred:

Name(s) of witness(es) to alleged prohibited conduct:

If others are affected by the possible discrimination or harassment, 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 or harassment. You may also provide other information relevant to this complaint.

Signature of complainant _____ Date _____

Signature of person receiving complaint _____ Date _____

Issued: June 26, 2024