## Nondiscrimination/Equal Opportunity

(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 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 discrimination or harassment. You may also provide other information relevant to this complaint.

_____

_____

_____

_____

_____

_____ _____

Signature of complainant Date

_____ _____

Signature of person receiving complaint Date

Issued: September 17 2024
Revised: May 20 2025