



**STANWOOD-CAMANO
SCHOOL DISTRICT**

26920 Pioneer Highway ♦ Stanwood, WA 98292 ♦ 360-629-1200 ♦ Fax 360-629-1242
www.stanwood.wednet.edu

Student Discrimination Complaint Form

Stanwood-Camano School District Nondiscrimination Statement: The district will provide equal educational opportunity and treatment for all students in all aspects of the academic and activities program without discrimination based on sex, race, creed, religion, color, national origin, honorably discharged veteran or military status, sexual orientation, gender expression, gender identity, homelessness, immigration, or citizenship status, the presence of any sensory, mental, or physical disability, neurodivergence, or the use of a trained dog guide or service animal by a person with a disability. The district will provide equal access to school facilities to the Boy Scouts of America and all other designated youth groups listed in Title 36 of the United States Code as a patriotic society. District programs will be free from sexual harassment. Auxiliary aids and services will be provided upon request to individuals with disabilities.

COMPLAINANT INFORMATION:

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Circle one

Student Employee Other (Specify): _____

Place of Work/School: _____ Title/Grade: _____

INCIDENT INFORMATION:

Name of Alleged Perpetrator: _____ Title: _____

WHEN did the alleged incident(s) occur? _____

WHERE did the alleged incident(s) occur? _____

WITNESS INFORMATION:

List any witness(es) who may have seen or who may know something about the alleged harassment/discrimination:

Are you aware of others who may be subject to harassment or discrimination by the individual against whom this complaint is made? **YES** **NO**

If yes, who? _____

Identify the specific behavior or conduct that led you to believe you were discriminated against or harassed. Include which category in the district's nondiscrimination statement that you feel applies to this situation. Include dates, times, places, witnesses (names, addresses, phone numbers) and other specific information related to the occurrences(s). Also include such things as whether any force was used, as well as what, if any verbal or non-verbal gestures were made (i.e., threats, requests, demands, etc.). You may use additional sheets of paper if necessary.

I hereby certify that the information in this complaint is true, correct, and complete to the best of my knowledge.

Date Received

****Please return the form to Christine Del Pozo, Executive Director of Human Resources, at the district office.**