

REPORT FORM FOR COMPLAINTS OF DISCRIMINATION/ DISABILITY HARASSMENT

Complainant:

Home Address:

Home Phone:

School Building:

Date of Alleged Incident(s):

Alleged discrimination was based on:

Name of person you believe violated the district's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident(s) as clearly as possible, including any graphic, written, electronic, verbal or nonverbal acts:

When and where incident(s) occurred:

List any witnesses who were present:

This complaint is based on my honest belief that _____ has discriminated against me or another person.

Complainant's Signature: _____ Date: _____

Received By: _____ Date: _____