

Name of Complainant _____ Date Submitted _____
 Address _____
 Home phone: _____ Cell: _____ Work: _____

The Complainant is (check all that apply):

_____ an employee, holding the position of _____ at _____ (location).
 _____ a student, grade _____ at _____ (school).
 _____ a parent or community member.
 _____ other (please specify your relationship or association to the school district) _____.

The individual who was subjected to the alleged discrimination/harassment is:

_____ myself
 _____ someone else
 Name: _____ Grade: _____ Building: _____

Basis of this complaint:

_____ race _____ color _____ weight _____ national origin _____ ethnic group
 _____ religion _____ gender _____ disability _____ religious practice _____ sex
 _____ sexual orientation
 _____ other (briefly describe) _____.

Name and/or description of accused person(s) _____.

Description of alleged harassment/discrimination/incident: _____
 _____.

Incident is a result of _____ student and/or _____ employee conduct.
 Incident involved _____ physical contact and/or _____ verbal threats, intimidation or abuse.

Date, Time and Place of Violation(s): _____.

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:
 _____.

Others you may have discussed this complaint/incident with, including contact information for each: _____.

Has this incident/discrimination been previously reported? [] Y [] N If yes, when and to whom? _____.

Describe the remedy, outcome or resolution: _____.

Remedy sought by Complainant: _____
 _____.

Date _____ Signature of Complainant _____

Completed Forms should be submitted to _____ at _____