4118.113 Form

4218.113

REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant:

_____

Home Address: _____

Home Phone:

_____

School building:

_____

Date of Alleged Incident(s):

_____

Alleged harassment was based on: (Check all that apply.)

[ ] Race [ ] Color [ ] National Origin

[ ] Gender [ ] Disability [ ] Religion

[ ] Ancestry [ ] Age [ ] Sexual Orientation

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 as clearly as possible, including any verbal statements (i.e., threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

_____

_____

_____

_____

_____

When and where incident occurred:

_____

List any witnesses who were present:

_____

_____

_

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information provided in this complaint is true, correct and complete to the best of my knowledge.

_____ _____

Complainant's Signature Date

_____ _____

Received By Date