REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant:		
Home Address:		
Home Phone:		
School Building:		
Date of Alleged Incident(s):		
Alleged discrimination was based or	n: (circle those that apply)	
Race	Color	National Origin
Gender	Disability	Religion
Ancestry	Age	Sexual Orientation
Name of person you believe violated	d the district's nondiscrimina	ation policy:
If the alleged discrimination was dis	rected against another persor	n, identify the other person:
Describe the incident as clearly as p derogatory remarks, demands, etc.) necessary:	and any actions or activities.	. Attach additional pages if
When and where incident occurred:		
List any witnesses who were presen	t:	
This complaint is based on my hone against me or another person. I certi true, correct and complete to the bes	ify that the information I hav	has discriminated has provided in this complaint is
Complainant's Signature		Date
Received By		Date