REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant:		
Home Address:		
School Building:		
Date of Alleged Incident(s):		
Alleged discrimination was based	on: (circle those that apply)	
Race	Color	National Origin
Gender	Disability	Religion
Ancestry	Age	Sexual Orientation
Name of person you believe violat	ted the district's nondiscrimin	ation policy:
If the alleged discrimination was c	lirected against another perso	n, identify the other person:
Describe the incident as clearly as derogatory remarks, demands, etc. necessary:	.) and any actions or activities	s. Attach additional pages if
When and where incident occurred	d:	
List any witnesses who were prese	ent:	
This complaint is based on my hor against me or another person. I cer true, correct and complete to the b	rtify that the information I hav	has discriminated ve provided in this complaint is
Complainant's Signature		Date

Received By

Date