

FORM TO BE USED FOR POLICIES:

0521 & 1001 & 4118.11 & 4118.111 & 4118.112 & 5145.5 & 5145.6

**REPORT FORM
FOR COMPLAINTS OF DISCRIMINATION OR HARASSMENT**

Complainant: _____
Home Address: _____
Home Phone: _____
School building: _____
Date of Alleged Incident(s): _____

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

- Age Disability (including pregnancy) Marital Status Race Sex
 Ancestry Gender Identity or Expression National Origin Sexual Orientation
 Color Genetic Information Religion Status as a Veteran

Name of person you believe violated the District's nondiscrimination or harassment 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