



School District – Equal Opportunity, Non-Discrimination, and Grievances

Policy Title: Discrimination Complaint Form
Code 104.1-E3

Date of Complaint: _____

Name of Complainant: _____

Are you filling out this form for yourself or someone else? (Please identify the individual if you are submitting this form on behalf of someone else): _____

Who or what entity do you believe discriminated against you (or someone else)? _____

Date and Place of Alleged Incident: _____

Names of Witnesses: _____

Nature of alleged discrimination (Check all that apply):

Table with 4 columns: Age, Color, Creed, National Origin, Race, Religion, Ancestry, Physical Attributes, Genetic Information, Physical/Mental Ability or Disability, Marital Status, Sex, Sexual Orientation, Gender Identity, Political Party Preference, Political Beliefs, Socioeconomic Status, Familial Status, Pregnancy, Military Status, and Other - Please specify below.

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages, if necessary.

Multiple horizontal lines for text entry.

