



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

Policy Title: Discrimination Disposition of Complaint Form
Code 104.1-E5

Today's Date: \_\_\_\_\_

Name of Complainant (include whether the complainant is a student or employee):
\_\_\_\_\_

Date of Initial Complaint: \_\_\_\_\_

Date and Place of Alleged Incident: \_\_\_\_\_

Name of Respondent (Include whether the respondent is a student/employee/volunteer):
\_\_\_\_\_

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.

Summary of Investigation: \_\_\_\_\_

Multiple horizontal lines for writing the summary of investigation.

I agree that all the information on this form is accurate and true to the best of my knowledge.

Equity Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_