

Policy Series 100 – School District  
Equal Educational Opportunity, Non-Discrimination,  
and Section 504 Compliance



**Policy 104.1-E5 Discrimination Disposition of Complaint Form**

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**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, or volunteer):**  
\_\_\_\_\_

**Nature of alleged discrimination (Check all that apply):**

<input type="checkbox"/>	Age	<input type="checkbox"/>	Marital Status	Other – Please specify below:
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sex	
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Sexual Orientation	
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Gender Identity	
<input type="checkbox"/>	Race	<input type="checkbox"/>	Political Party Preference	
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Political Beliefs	
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	Socioeconomic Status	
<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Familial Status	
<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Pregnancy	
<input type="checkbox"/>	Physical/Mental Ability or Disability	<input type="checkbox"/>	Military Status	

**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:** \_\_\_\_\_