

**Policy Series 100 – School District  
Equal Educational Opportunity, Nondiscrimination,  
and Section 504 Compliance**



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

**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.**

**Equal Employment/Nondiscrimination Coordinator's Signature:**

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

Adopted: 10/17  
Reviewed: 3/23  
Revised: 6/20; 8/25  
Related Policy: 104.1; 104.1-R; 104.1-E1-E4