

DISCRIMINATION/HARASSMENT COMPLAINT FORM

Name _____ Date _____

Address _____ (Street)
_____ (City/State) (Zip code)

Status of person filing complaint:

_____ Student _____ Employee
_____ Parent/Guardian _____ Other

Statement of Complaint: Include type of
discrimination/harassment charged and the specific incident(s)
in which it occurred:

Signature of complainant _____

Date complaint filed _____

Signature of person receiving complaint

Date received _____ Complaint number _____

Complaint authority _____

APPROVED: March 25, 2003
REAFFIRMED: November 8, 2010