

104-AG-1. REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: _____

Home Address: _____

Home Phone: _____

School Building: _____

Date of Alleged Incident(s): _____

Alleged discrimination was based on: (circle those that apply)

- | | | |
|----------|------------|--------------------|
| Race | Color | National Origin |
| Gender | Disability | Religion |
| Ancestry | Age | Sexual Orientation |

Name of Person You Believe Violated the District's Nondiscrimination Policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based upon my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date