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 violate	ed the district's nondiscrimin	ation policy:
If the alleged discrimination was d	irected against another person	n, identify the other person:
Describe the incident as clearly as derogatory remarks, demands, etc.) necessary:) and any actions or activities	. Attach additional pages if
When and where incident occurred	l:	
List any witnesses who were prese	nt:	
This complaint is based on my hon against me or another person. I cer true, correct and complete to the be	tify that the information I have	has discriminated ve provided in this complaint is
Complainant's Signature		Date
Received By		Date