

**REPORT FORM FOR COMPLAINTS OF  
DISCRIMINATION/DISABILITY HARASSMENT**

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(s) as clearly as possible, including any **graphic, written, electronic, verbal or nonverbal acts (i.e., offensive jokes, slurs, epithets and name-calling, ridicule or mockery, insults or put-downs, offensive objects or pictures, physical assaults or threats, intimidation, or other conduct.** Attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident(s) occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is based on 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