

COMPLAINT OF DISCRIMINATION

Name of Complainant:

Student's School and Class:

Address and Phone Number:

Dates of Alleged Discrimination:

Names of the persons you believe discriminated against you or others:

Please describe in detail the incidents of alleged discrimination, including where and when the incidents occurred. Please name any witnesses that may have information regarding the alleged discrimination. Attach additional pages if necessary.

Please describe any past incidents that may be related to this complaint.

I certify that the information provided in this report is true, correct, and complete to the best of my knowledge.

Signature of Complainant

Date

Complaint Received By: _____
Compliance Officer

Date

Adopted:

Revised: