REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant:		
Home Address:		
Home Phone:		
School Building:		
Date of Alleged Incident(s):		
Alleged discrimination was based of	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		
List any witnesses who were present	nt:	
This complaint is based on my hon against me or another person. I certrue, correct and complete to the be	tify that the information I hav	has discriminated re provided in this complaint is
Complainant's Signature		Date
Received By	_	 Date