REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant:			
Home Address:			
Home Phone: School Building: Date of Alleged Incident(s):			
		Alleged discrimination was based on:	
		Name of person you believe violated the district's	s nondiscrimination policy:
If the alleged discrimination was directed against	another person, identify the other person:		
Describe the incident as clearly as possible, includerogatory remarks, demands, etc.) and any action necessary:	ons or activities. Attach additional pages if		
When and where incident occurred:			
List any witnesses who were present:			
This complaint is based on my honest belief that against me or another person. I certify that the intrue, correct and complete to the best of my know	formation I have provided in this complaint is		
Complainant's Signature	Date		
Received By	 Date		