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	nondiscrimination policy:
If the alleged discrimination was directed against a	mother person, identify the other person:
Describe the incident as clearly as possible, includ derogatory remarks, demands, etc.) and any action necessary:	s 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 info true, correct and complete to the best of my knowl	
Complainant's Signature	Date
Received By	Date