
(Complaint Form)

Date: _______________

Name of complainant: ____________________________________________

School: __________________________________________________________

Address: _________________________________________________________

Phone: __________________________

Summary of alleged unlawful discrimination or harassment:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name(s) of individual(s) allegedly engaging in prohibited conduct:

________________________________________________________________________

Date(s) alleged prohibited conduct occurred:

________________________________________________________________________

Name(s) of witness(es) to alleged prohibited conduct:

________________________________________________________________________

If others are affected by the possible unlawful discrimination or harassment, please give their names:

________________________________________________________________________

Your suggestions regarding resolving the complaint: _________________________

________________________________________________________________________

________________________________________________________________________
Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint.

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Signature of complainant  Date

Signature of person receiving complaint  Date

Adopted: December 3, 2019