REPORT FORM FOR COMPLAINTS OF DISCRIMINATION/DISCRIMINATORY HARASSMENT

Complainant:	
Home Address:	
Home Phone:School Building:	
Alleged discrimination was based on:	
Name of person you believe violated the district	e's nondiscrimination policy:
If the alleged discrimination was directed against	st another person, identify the other person:
Describe the incident(s) as clearly as possible, in verbal or nonverbal acts (i.e., offensive jokes, mockery, insults or put-downs, offensive objection intimidation, or other conduct). Attach addition	, slurs, epithets and name-calling, ridicule or ects or pictures, physical assaults or threats,
When and where incident(s) 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 ir true, correct and complete to the best of my known	
Complainant's Signature	Date
Received By	 Date