

103.1 ATTACHMENT

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 school's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

When and where incident occurred:

List any witnesses who were present:

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature Date

Received By Date