



DISCRIMINATION/HARASSMENT COMPLAINT FORM

This form shall be given to any student, parent, or resident of the district to file a complaint regarding alleged discrimination or harassment.

Name of Complainant _____

Date _____

Address _____

Phone _____

School Building/Location _____

Reason(s) for the Complaint: (Be specific about the type of alleged discrimination or harassment.)

Description of the Alleged Discrimination/Harassment: (Be specific about who, what, when, where, how often, and witnesses.)

Rules/Regulations Alleged to be Violated: (Be specific.)

Relief/Action Requested:

My signature certifies that the information provided is true and accurate to the best of my knowledge.

Signature _____

Date _____

The administrator receiving the complaint shall immediately begin an initial investigation of the complaint and report in writing within 10 school days of date of receipt of the complaint. Notice shall be provided to the complainant if any extension to this timeline is needed.

Received by _____

Date _____