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 i	nondiscrimination policy:
If the alleged discrimination was directed against a	nother person, identify the other person:
Describe the incident as clearly as possible, includi derogatory remarks, demands, etc.) and any actions 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 informue, correct and complete to the best of my knowledge.	rmation I have provided in this complaint is
Complainant's Signature	Date
Received By	Date