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 nondiscrimination policy:	
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 infor- true, correct and complete to the best of my knowled	mation I have provided in this complaint is
Complainant's Signature	Date
Received By	Date