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102 E4 Complaint Form

102 E2 COMPLAINT FORM (Discrimination, Anti-Bullying, and Anti-Harassment) Date of complaint: _____ Name of Complainant: _____ Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):

_____ Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?

_____ Date and place of alleged incident(s): _____

_____ Names of any witnesses (if any): _____ Nature of

discrimination, harassment, or bullying alleged (check all that apply): Age Physical Attribute Sex Disability Physical/Mental Ability Sexual Orientation Familial Status Political Belief Socio-economic Background Gender Identity Political Party Preference Other – Please Specify: Marital Status Race/Color National Origin/Ethnic Background/Ancestry Religion/Creed

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

_____ I agree that all of the information on this form is accurate and true to the best of my knowledge. Signature:

_____ Date: _____

Date Board Adopted 9/16/1996

Date Board Updated and/or Reviewed 10/16/2017

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