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102 E4 Complaint Form

DISCRIMINATION COMPLAINT FORM

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 2/21/2022