

DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____

Telephone _____ (Home) _____ (Work)

Status of person filing complaint: _____ Student _____ Employee
_____ Parent _____ Other

Filing complaint alleging discrimination on the basis of _____

Statement of complaint (include type of discrimination charged and the specific incident(s) in which it occurred): _____

Signature of complainant: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to the District Administrator, or the immediate supervisor, or his/her respective secretaries. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be sent to the complaint investigation officer.

Distribution: 1st copy: Complaint investigation officer
2nd copy: School/department
3rd copy: Complainant

Adopted: September 1992

Revised: December 15, 1999 Revised: December 21, 2000

