

411.6 - DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____
(Street)

(City) (Zip)

Telephone _____ (Home) _____ (Work)

Status of person filing complaint: ___ Student ___ Employee ___ Parent /Guardian; or

___ Other (Please Explain): _____

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: _____

Adopted: January 16, 2013

Revised: December 21, 2016