

DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____
(Street)

(City) (Zip)

Telephone _____
(Home) (School or Work Location)

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