

# REPORTING FORM FOR COMPLAINTS OF DISCRIMINATION OR HARRASSMENT

Complainant: \_\_\_\_\_

Are you a student: \_\_\_\_\_ parent: \_\_\_\_\_ visitor: \_\_\_\_\_ employee: \_\_\_\_\_ other: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Did the incidence involve: gender \_\_\_\_\_ race/color \_\_\_\_\_ national origin \_\_\_\_\_ disability \_\_\_\_\_  
age \_\_\_\_\_ religion \_\_\_\_\_

Name of person you believe discriminated against or harassed you or another person:

\_\_\_\_\_

If the alleged discrimination or harassment was toward another person, identify that other person (including address or location):

\_\_\_\_\_

Describe the incident as clearly as possible in your own words, including such things as what force, if any, was used, any verbal statements (i.e., threats, requests, demands, etc.), what, if any physical contact as involved. Attached additional pages as necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where did the incident(s) occur:

\_\_\_\_\_  
\_\_\_\_\_

List any witnesses who were present:

\_\_\_\_\_  
\_\_\_\_\_

List any other person who has knowledge about the incident(s):

\_\_\_\_\_  
\_\_\_\_\_

This complaint is based upon my honest belief that \_\_\_\_\_  
has discriminated against or harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_