

Name of Complainant \_\_\_\_\_ Date Submitted \_\_\_\_\_

Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

The Complainant is: (check all that apply):

\_\_\_\_\_ an employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_ (location).

\_\_\_\_\_ a student, grade \_\_\_\_\_ at \_\_\_\_\_ (school).

\_\_\_\_\_ a parent or community member.

\_\_\_\_\_ other (please specify your relationship or association to the school district) \_\_\_\_\_.

Basis of this complaint/grievance:

\_\_\_\_\_ race \_\_\_\_\_ color \_\_\_\_\_ weight \_\_\_\_\_ national origin \_\_\_\_\_ ethnic group

\_\_\_\_\_ religion \_\_\_\_\_ gender \_\_\_\_\_ disability \_\_\_\_\_ religious practice \_\_\_\_\_ sex

\_\_\_\_\_ sexual orientation

\_\_\_\_\_ other (briefly describe) \_\_\_\_\_.

Name and/or description of accused person(s) \_\_\_\_\_.

Description of alleged harassment/bullying/discrimination/incident: \_\_\_\_\_.

Incident is a result of \_\_\_\_\_ student and/or \_\_\_\_\_ employee conduct.

Incident involved \_\_\_\_\_ physical contact and/or \_\_\_\_\_ verbal threats, intimidation or abuse.

Date, Time and Place of Violation(s): \_\_\_\_\_.

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: \_\_\_\_\_.

Others you may have discussed this complaint/grievance/incident with, including contact information for each: \_\_\_\_\_.

Has this incident/discrimination been previously reported? [ ]Y [ ]N If yes, when and to whom? \_\_\_\_\_.

Describe the remedy, outcome or resolution: \_\_\_\_\_.

Remedy sought by Complainant: \_\_\_\_\_.

Date \_\_\_\_\_ Signature of Complainant \_\_\_\_\_.