

DISCRIMINATION OR HARASSMENT COMPLAINT FORM

Complainant: _____

____ Student ____ Employee ____ Other: _____

Work/school location: _____

Work/school/home phone: _____

Immediate Supervisor/Teacher: _____

Description of discrimination/harassment, including a statement of the incident(s) including date(s), time(s), place(s) of occurrence, and witnesses, if any:
(continue on another page, if needed)

I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant's Name (printed)

Date submitted

Complainant's Signature

Principal/Supervisor/Administrator/
Compliance Officer

Date submitted