

DISCRIMINATION COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Name of student or
employee target: _____

Date of complaint: _____

Name of alleged harasser or bully: _____

Date and place of incident or incidents: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

<input type="checkbox"/>	Age	<input type="checkbox"/>	Sex/Gender	<input type="checkbox"/>	Language
<input type="checkbox"/>	Color	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Political Party Preference
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Belief
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Socio-economic Status
<input type="checkbox"/>	Race	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Familial Status
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible):

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: ____ / ____ / ____