

DISPOSITION OF DISCRIMINATION COMPLAINT FORM

Name of complainant: \_\_\_\_\_

Name of student or employee target: \_\_\_\_\_

Grade and building of student or employee: \_\_\_\_\_

Name and position or grade of alleged perpetrator/respondent: \_\_\_\_\_

Date of initial complaint: \_\_\_\_\_

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"/>	

Summary of investigation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

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