

**Nondiscrimination/Equal Opportunity**

(Complaint Form)

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

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

School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Summary of alleged unlawful discrimination or harassment:

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Name(s) of individual(s) allegedly engaging in prohibited conduct:

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Date(s) alleged prohibited conduct occurred: \_\_\_\_\_

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Name(s) of witness(es) to alleged prohibited conduct: \_\_\_\_\_

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If others are affected by the possible unlawful discrimination or harassment, please give their names: \_\_\_\_\_

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Your suggestions regarding resolving the complaint: \_\_\_\_\_

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Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint. \_\_\_\_\_

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Signature of complainant \_\_\_\_\_ Date \_\_\_\_\_

Signature of person receiving complaint \_\_\_\_\_ Date \_\_\_\_\_