

NOTE: This exhibit does not need to be filed in the Board's policy manual. It is provided as informational only and if applicable, may be kept by the district in another location.

Nondiscrimination/Equal Opportunity (Complaint Form)

Date: _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

Summary of alleged **unlawful** discrimination **or harassment**:

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

Date(s) alleged **prohibited conduct** occurred:

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

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

Your suggestions regarding resolving the complaint: _____

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.

Signature of complainant

Date

Signature of person receiving complaint

Date

Approved: 11/15/07
Revised: 07/19/12