

Nondiscrimination/Equal Opportunity  
(Complaint Form) (Please use additional paper as needed)

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