

DISCRIMINATION FORMAL COMPLAINT FORM

(race, color, national origin, sex, and handicapping conditions)

PLEASE COMPLETE AND SUBMIT TO SCHOOL PRINCIPAL

Name of Student Complainant _____

Address _____

Phone Number _____

Parent's Name _____

School _____ Grade _____

Name(s) of Alleged Harasser(s) _____

Approximate date(s) of alleged discrimination or when discrimination began, if ongoing _____

Location or situation where alleged discrimination occurred, or is occurring _____

Nature of discrimination _____

Name and position of individual who conducted your informal consultation _____

Other individuals in whom you have confided about the alleged discrimination _____

Individuals you believe may have witnessed, or also been subjected to, the alleged discrimination _____

Remedy sought _____

Signature of Complainant or Complainant's Parent

Date

Signature of School Principal

Date