REPORT OF DISCRIMINATION/HARASSMENT

Name of Complainant:

______________________________________________________________________

For Students, School Attending:

______________________________________________________________________

For Employees, Position and Location:

______________________________________________________________________

Address, Phone Number

______________________________________________________________________

______________________________________________________________________

Email Address:

______________________________________________________________________

Date(s) of Alleged Incident(s) of Discrimination/Harassment:

______________________________________________________________________

Name of person(s) you believe discriminated against/harassed you or others:

______________________________________________________________________

______________________________________________________________________

If the alleged discrimination/harassment was toward another, please identify that person:

______________________________________________________________________
Please describe in detail the incident(s) of alleged harassment, including where and when the incident(s) occurred. Please note any witnesses that may have observed the incident(s). Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

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I certify that the information provided in this report is true, correct and complete to the best of my knowledge:

_________________________________________    Date
Signature of Complainant

Complaint Received By:  
(Principal or Compliance Officer)    Date