

EQUAL EDUCATIONAL OPPORTUNITY DISCRIMINATION COMPLAINT FORM

Date of complaint:

Name of complainant:

Are you filling out this form for yourself
or someone else? (please identify the
individual if you are submitting on
behalf of someone else):

Who or what entity do you believe
discriminated against, harassed, or
bullied you (or someone else)?

Date and place of alleged incident(s):

Names of witnesses (if any):

Nature of discrimination, harassment, or bullying alleged (Check all that apply)

☐ Age☐ Disability☐ Familial Status☐ Gender Identity☐ Marital Status☐ National Origin/Ethnic
Background/Ancestry☐ Physical Attribute☐ Physical/Mental Ability☐ Political Belief☐ Political Party Preference☐ Race/Color☐ Religion/Creed☐ Sex☐ Sexual Orientation☐ Socio-economic Background☐ Other – please specify:

In the space below, please describe what happened and why you believe that you or someone else has been
discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if
necessary.

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Approved: August 13, 2007

Reviewed: January 14, 2019; February 12, 2024

Revised: June 9, 2008; June 1, 2009; February 10, 2014; December 14, 2015; January 11, 2021