

COMPLAINT FORM  
(Discrimination, Anti-Bullying, and Anti-Harassment)

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)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Age             | <input type="checkbox"/> National Origin/Ethnic     | <input type="checkbox"/> Religion/Creed            |
| <input type="checkbox"/> Disability      | Background/Ancestry                                 | <input type="checkbox"/> Sex                       |
|  | <input type="checkbox"/> Physical Attribute         | <input type="checkbox"/> Sexual Orientation        |
| <input type="checkbox"/> Familial Status | <input type="checkbox"/> Physical/Mental Ability    | <input type="checkbox"/> Socio-economic Background |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Political Belief           | <input type="checkbox"/> Other – please specify:   |
| <input type="checkbox"/> Marital Status  | <input type="checkbox"/> Political Party Preference | _____  |
|  | <input type="checkbox"/> Race/Color                 |  |

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