

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

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