# REPORT OF DISCRIMINATION

Name of Complainant:_____

Student's School and Class:_____

Address, Phone Number_____
and Email Address:_____
_____

Date(s) of Alleged Discrimination:_____

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

_____

_____

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

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

_____ _____
Signature of Complainant Date

Complaint Received By:

_____ _____
Compliance Officer Date