

REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name of person you believe violated the district's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date

*Please Note: During the investigation, it will be necessary for Turkeyfoot Valley Area School District officials and the district's agents to disclose the filing of the complaint, the allegations of the complaint and the complainant's identity to other persons to perform a thorough investigation.