

DISCRIMINATION COMPLAINT FORM

To be submitted to the Site Administrator or Director of Student Services at the District Office.

Name _____ Date _____

Address _____

Telephone _____ (Alt. Phone) _____

Status of person filing complaint: _____ Student _____ Parent of Guardian
_____ Other: _____

Filing complaint alleging discrimination on the basis of:

_____ Sex	_____ Race	_____ Religion
_____ Color	_____ National Origin	_____ Ancestry
_____ Creed	_____ Pregnancy	_____ Marital/Parental Status
_____ Sexual Orientation	_____ Physical, Mental, Emotional or Learning Disability/Handicap	

Statement of Complaint (include type of discrimination charged and explain the specific incident(s)).

Statement of Complaint, continued

If information is attached, please indicate number of pages and initial here _____ # of pages _____

Signature of Complainant: _____

Date complaint filed: _____

Person receiving complaint (printed): _____

Signature of person receiving complaint: _____

Title: _____ Date received: _____