

**Nondiscrimination/Equal Opportunity
(Complaint Form)**

Date: _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

Please check here for allegations of sex-based discrimination and/or sexual harassment.
(Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment).

Summary of alleged discrimination:

Name(s) of individual(s) committing alleged discrimination:

Date(s) alleged discrimination occurred: _____

Name(s) of witness(es) to alleged discrimination: _____

If others are affected by the possible discrimination, please give their names:

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this complaint.

Signature of complainant

Date

Signature of person receiving complaint

Date

Approved: November 1, 2010
Revised: July 17, 2020