

**DISCRIMINATION / HARASSMENT COMPLAINT FORM**

**(For complaints based on race, color, religion, age, sex, sexual orientation, marital status, national origin, alienage, ancestry, disability, pregnancy, genetic information, gender identity or expression, veteran status, or status as a victim of domestic violence)**

Name of the reporter: \_\_\_\_\_

Relationship of reporter to the District \_\_\_\_\_

Name of the alleged complainant/victim \_\_\_\_\_

Relationship of alleged complainant/victim to the District \_\_\_\_\_

Date of the complaint: \_\_\_\_\_

Date of the alleged discrimination / harassment: \_\_\_\_\_

Name or names of the alleged discriminator(s) or harasser(s): \_\_\_\_\_

\_\_\_\_\_

Location where such alleged discrimination / harassment occurred: \_\_\_\_\_

\_\_\_\_\_

Names(s) of any witness(es) to the alleged discrimination / harassment: \_\_\_\_\_

\_\_\_\_\_

Detailed statement of the circumstances constituting the alleged discrimination or harassment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed remedy: \_\_\_\_\_