

NOTE: This exhibit does not need to be filed in the Board's policy manual. It is provided as informational only and if applicable, may be kept by the district in another location.

## **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 allegation or sex-based discrimination and/or sexual harassment).

Summary of alleged unlawful discrimination or harassment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of individual(s) allegedly engaging in prohibited conduct:

\_\_\_\_\_  
\_\_\_\_\_

Date(s) alleged prohibited conduct occurred:

\_\_\_\_\_

Name(s) of witness(es) to alleged prohibited conduct:

\_\_\_\_\_

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

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Your suggestions regarding resolving the complaint: \_\_\_\_\_

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Please describe any corrective action you wish to see take with regard to alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint.

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Signature of complainant

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Date

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Signature of person receiving complaint

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Date

ADOPTED: September 2020