

REPORT OF DISCRIMINATION

Name of Complainant: \_\_\_\_\_

Student's School and Class: \_\_\_\_\_

Address, Phone Number  
and Email Address: \_\_\_\_\_

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

Date(s) of Alleged Discrimination: \_\_\_\_\_

Name(s) of person(s) you believe discriminated against you or others: \_\_\_\_\_

\_\_\_\_\_

Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have information regarding the situation. Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Complaint Received By:

\_\_\_\_\_  
Compliance Officer

\_\_\_\_\_  
Date