

**DISPOSITION OF COMPLAINT FORM**

Date:

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Date of initial complaint:

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Name of complainant (include whether complainant is employee or student:

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Date, time and place of alleged incident(s):

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Name of Respondent (include whether the respondent is a student or employee):

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Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Race / Color
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical / Mental Ability	<input type="checkbox"/>	Religion / Creed
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic background	<input type="checkbox"/>	
<input type="checkbox"/>	National Origin / Ethnic Background / Ancestry				
<input type="checkbox"/>	Other – Please Specify:				

Summary of Investigation:

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I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_