

COMPLAINT FORM (DISCRIMINATION, ANTI-BULLYING, AND ANTI-HARRASSMENT)

Date of Complaint: _____

Name of Complainant: _____

Are you filling out this form for yourself or someone else? Please identify the individual if you are submitting on behalf of someone else: _____

Who or what entity do you believe discriminated against, bullied or harassed you (or someone else): _____

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

Names of any witnesses (if any): _____

Nature of discrimination, harassment, or bullying alleged:

Check all that apply		Physical Attribute		Race / Color
Age		Physical / Mental Ability		Religion / Creed
Disability		Political Belief		Sex
Familial Status		Political Party Preference		Sexual Orientation
Marital Status		Socio-economic background		
National Origin / Ethnic Background / Ancestry				
Other – Please Specify:				

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed or bullied. Please be as specific as possible and attach additional pages if necessary.

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

Signature: _____ Date: _____

REVIEWED: 11/18/2024 – APPROVED 12/02/2024

REVIEWED: 03/24/2025