

# COMPLAINT FORM

(Including Unlawful Discrimination and Retaliation)

Name: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street or P.O. Box City State Zip*

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

- I am a(n):  Student  
 Employee  
 Parent/Guardian  
*If this complaint is on behalf of your child, please provide your:*  
Child's Name and Grade: \_\_\_\_\_  
Child's School: \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

This complaint is against (name(s)) \_\_\_\_\_  
\_\_\_\_\_

Date of most recent incident: \_\_\_\_\_

Do you believe that the conduct that you are complaining about is **bullying**?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you believe that the conduct that you are complaining about is **unlawful discrimination**?  
Yes \_\_\_\_\_ (See below) No \_\_\_\_\_ (Go to next page)

If your complaint concerns **unlawful discrimination**, please complete the following:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Race or Color               | <input type="checkbox"/> Actual or Perceived Sex | <input type="checkbox"/> Physical Disability   |
| <input type="checkbox"/> Ethnicity                   | <input type="checkbox"/> Gender                  | <input type="checkbox"/> Mental Disability     |
| <input type="checkbox"/> Ancestry/Nationality        | <input type="checkbox"/> Gender Identity         | <input type="checkbox"/> Genetic Information   |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Gender Expression       | <input type="checkbox"/> Medical Condition     |
| <input type="checkbox"/> Immigration Status          | <input type="checkbox"/> Sexual Orientation      | <input type="checkbox"/> Age                   |
| <input type="checkbox"/> Religion/Creed              | <input type="checkbox"/> Marital/Parental Status | <input type="checkbox"/> Other (specify) _____ |
|  | <input type="checkbox"/> Military/Veteran Status | _____  |

- Retaliation *based on one or more of the categories listed above*  
 Association with a person or group with one or more of these actual or perceived categories listed above

**Clearly state your complaint. Describe each incident of alleged misconduct separately. Attach additional pages as necessary.**

**For each incident provide the following information:**

- 1) Dates(s) of alleged misconduct;**
- 2) Name(s) of individuals(s) who engaged in the misconduct;**
- 3) A description of the misconduct;**
- 4) Witnesses (if any);**
- 5) If applicable, why you believe the alleged misconduct was because of the unlawful discriminatory basis or bases you identified; and**
- 6) If applicable, why you believe you were retaliated against for filing a complaint or asserting your right to be free from unlawful discrimination on any of the bases you identified above.**

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**What would you like the District to do in response to your complaint? What remedy are you seeking?**

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**I certify that this information is correct to the best of my knowledge.**

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

\_\_\_\_\_ *Date*

Send **Original** to: \_\_\_\_\_