

COMPLAINT FORM
(Discrimination, Anti-Bullying, and Anti-Harassment)

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, harassed, or bullied you (or someone else)?	_____
Date and place of alleged incident(s):	_____ _____
Names of any witnesses (if any):	_____

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

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

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 of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____