

AC-E-2

Nondiscrimination/Equal Opportunity

Complaint form

Date _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

Summary of alleged unlawful discrimination or harassment:

Name(s) of individual(s) allegedly engaging in prohibited conduct:

Date(s) alleged prohibited conduct occurred:

Name(s) of witness(es) to alleged prohibited conduct:

If others are affected by the possible unlawful discrimination or harassment, please give their names: _____

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this complaint:

Signature of Complainant

Date

Signature of person receiving complaint

Date

Adopted March 11, 2014