



**Nature of Complaint:**

**1. Check  below why you believe you were discriminated against.**

- |   |  |
|---|--|
| <input type="checkbox"/> Age  | <input type="checkbox"/> Partnership Status (not applicable to students)   |
| <input type="checkbox"/> Alienage/Citizenship Status                    | <input type="checkbox"/> Predisposing Genetic Characteristic (not applicable to students)                                  |
| <input type="checkbox"/> Arrest/Conviction (not applicable to students) | <input type="checkbox"/> Race  |
| <input type="checkbox"/> Color  | <input type="checkbox"/> Religion  |
| <input type="checkbox"/> Creed  | <input type="checkbox"/> Retaliation (for asserting a claim of discrimination)   |
| <input type="checkbox"/> Disability                                     | <input type="checkbox"/> Sexual Harassment   |
| <input type="checkbox"/> Ethnicity/National Origin                      | <input type="checkbox"/> Sexual Orientation  |
| <input type="checkbox"/> Gender/Sex                                     | <input type="checkbox"/> Status as a Victim of Domestic Violence, Sexual Offenses or Stalking (not applicable to students) |
| <input type="checkbox"/> Marital Status (not applicable to students)    | <input type="checkbox"/> Weight (for students only)  |
| <input type="checkbox"/> Military Status (not applicable to students)   | <input type="checkbox"/> Unemployment Status (for applicants only)   |

**2. Name(s)/title(s) of person(s) you believe engaged in discrimination.**

1. Name: _____	1. Title: _____	2. Name: _____	2. Title: _____
3. Name: _____	3. Title: _____	4. Name: _____	4. Title: _____

**3. Where did it take place?**  On School Premises  Off School Premises  Central Office Premises

\_\_\_\_\_

**4. Date(s) on which alleged act(s) of discrimination occurred.**

Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_      Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**5. Explain what happened (cite names and evidence, if any, and attach extra pages if needed).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. What relief or corrective action are you seeking?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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