

Nature of Complaint:

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

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