

(Reference Board Policies #1312, #1312.1, #1312.2 and #1312.3)

Form may be used for Complaints of Discrimination

Complainant Name: _____ **Telephone No.** _____

Address: _____

Student's Name: _____ **School Attending:** _____

Date of Incident: _____ **Time of Incident:** _____

Description of Incident: (Be concise. Indicate what happened, who was involved, where the incident occurred, and a possible solution to the problem.)

[illegible]

Signature: _____

Date: _____

Response to Complaint by District Personnel:

Employee's Name: _____ **Position:** _____

Response: _____

Signature: _____ **Date:** _____

Supervisor's Response: _____

Signature: _____ Date: _____