

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): _____

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: _____