

DISPOSITION OF COMPLAINT FORM

Date: _____

Date of initial complaint: _____

Name of Complainant (include whether the Complainant is a student or employee): _____

Date and place of alleged incident(s): _____

Name of Respondent (include whether the Respondent is a student or employee): _____

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Sex	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Creed	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Actual or potential parental, family or marital status	<input type="checkbox"/>	Pregnancy or related conditions	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Color	<input type="checkbox"/>	Race	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Religion	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Investigation: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____