Code No. 102.E4

DISCRIMINATION COMPLAINT FORM

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): _____

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

	Age		~~Physical Attribute~~		Sex
	Disability		~~Physical/Mental Ability~~		Sexual Orientation
	~~Familial Status~~		~~Political Belief~~		Socio-economic Background
	~~Gender Identity~~ ***Religion/Creed***		~~Political Party Preference~~		~~Other – Please Specify:~~
	Marital Status		Race/Color		
	National Origin/Ethnic Background/Ancestry		~~Religion/Creed~~		

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: _____