

**COMPLAINT FORM**  
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date of Complaint:	
Name of Complainant:	
Home Address of Complainant:	
Home Telephone of Complainant:	
Email Address of Complainant:	
Building Assignment 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):	
Name 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		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, including listing witnesses or actions you took in response to the incidents. Attach any pertinent written documents or additional pages if necessary.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_