Code No. 102.E4

DISCRIMINATION, ANTI-BULLYING, AND ANTI-HARASSMENT 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 the alleged incident (s):____

Names of witnesses (if any): ____

____

Please circle the nature of discrimination, harassment, or bullying alleged (circle 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 and attach additional pages if necessary:____

____
____
____
____
____
____
____
____
____
____
____
____
____
____
____

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

Signature:_ _________________________________ Date:___________________________