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): _____

_____

Nature of discrimination alleged (check all that apply):

	Race		Religion
	Color		Sexual Orientation
	National Origin		Age
	Sex		Actual or potential parental, family, or marital status
	Disability		Pregnancy or related conditions
	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:_____

_____
_____
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_____

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

Signature:_ _____ Date:_____

Approved: February 18,2013 Reviewed: February 17, 2025 Revised: April 20,2026