

EDUCATIONAL PHILOSOPHY

Series 100

EXHIBIT DISCRIMINATION, ANTI-BULLYING AND ANTI-HARASSMENT COMPLAINT FORM
No. 104.E1

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):

<input type="checkbox"/>	Age (actual or perceived)	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race
<input type="checkbox"/>	Ancestry	<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Color	<input type="checkbox"/>	Physical Attributes	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Physical/Mental Ability or Disability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Status
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:

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.

Signed _____ Dated _____

Submit to: Associate Superintendent

Date Approved: June 27, 2016

Last Date Reviewed: March 8, 2021

Last Date Revised: March 8, 2021