

EDUCATIONAL PHILOSOPHY

Series 100

EXHIBIT DISPOSITION OF COMPLAINT FORM

No. 104.E3

Date:	
Date of initial complaint:	
Name of Complainant (include whether the Complainant is a student or employee):	
Date and place of alleged incident(s):	
Name of Respondent (include whether the Respondent is student or employee):	

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 Attribute	<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:

Summary of Investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Submit to: Associate Superintendent

Date Approved: June 27, 2016  
Last Date Reviewed: March 8, 2021  
Last Date Revised: March 8, 2021