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

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):

	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 my knowledge.

Signature: _____

Date: _____