STUDENT DISCRIMINATION COMPLAINT FORM

Student Name _____ Date _____

Address _____
(Street) (City) (State, Zip)

Telephone _____ _____
(Home) (School or Work Location)

Filing complaint alleging discrimination on the basis of:

_____

_____

Statement of complaint (include type of discrimination charged and the specific incident(s) in which it occurred):

_____

_____

_____

_____

_____

_____

Signature of complainant: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to (employee designated to receive complaints) or the immediate supervisor, or their respective secretaries. The employee receiving the complaint will sign and date it. One copy will be returned to the complainant; one copy will be sent to the school or department affected by the complaint; and one copy will be sent to the complaint investigation officer.

Distribution: 1st copy - Complaint Investigation Officer
2nd copy - School/Department
3rd copy - Complainant

Adopted: 09/28/87
Revised: 04/08/96
05/08/06
11/22/10
01/31/14
Reviewed: 03/24/14