



## Formal Complaint of Discrimination

Complainant's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Alleged Perpetrator's Name: \_\_\_\_\_

Date(s) of Alleged Incident(s): \_\_\_\_\_

Location(s) of Alleged Incident(s):

\_\_\_\_\_

**I, the Complainant, request that the District investigate the following allegations of discrimination** (may attach separate written statement or additional sheets as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complainant's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*\*District use only\**

Date Formal Complaint received: \_\_\_\_\_ Received by: \_\_\_\_\_

Assign District Case No: \_\_\_\_\_