

REPORT OF DISCRIMINATION

Name of Complainant:

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Student's School and Class:

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Address, Phone Number and Email Address:

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Date(s) of Alleged Discrimination:

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Name(s) of person(s) you believe discriminated against you or others:

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Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have information regarding the situation. Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

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I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Complaint Received By:

\_\_\_\_\_  
Compliance Officer

\_\_\_\_\_  
Date