

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 Reference	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: _____