

Form Title: Disposition of Complaint Form.

Form #401.3F3

Date of Initial Complaint:

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Name of Complainant (include if it is a student or employee):

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Date and place of alleged incident(s):

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Name of Respondent (include if it is a student or employee):

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Discrimination Alleged:

___ Race	___ Color	___ Age
___ Sex	___ National Origin	___ Sexual Orientation
___ Gender	___ Gender Identity	___ Religion
___ Creed	___ Disability	___ Genetic Information
___ Familial Status	___ Marital Status	___ Physical Attribute
___ Physical/Mental Ability	___ Political Belief	___ Political Party Preference
___ Socio-economic Background	___ Other ( <i>Please specify</i> )	

Summary of investigation:

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I agree that all of the information on this form is given in good faith and is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

***Note: This is a mandatory document.***

Date of Adoption: 2/24/2025

Reviewed:

Revised: