

Date of Initial Complaint:

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

Date and place of alleged incident(s):

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

Discrimination Alleged:

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

Summary of investigation:

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: