

INDEPENDENT SCHOOL DISTRICT NO. 671

DISCRIMINATION GRIEVANCE REPORT FORM

General Statement of Policy Prohibiting Discrimination

Independent School District No.671 maintains a firm policy prohibiting all forms of discrimination All persons are to be treated with respect and dignity. Discrimination will not be tolerated under any circumstances.

Complainant: _____
Home Address: _____
Work Address: _____
Home Phone: _____ Work Phone: _____

I have been discriminated against based on (list area of discrimination):

because _____

Date of alleged incident(s): _____

Name of person you believe discriminated against you or another person: _____

If the alleged discrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: any verbal statements; what, if any, physical contact was involved; etc. (attach additional pages if necessary): _____

Location of the incident(s): _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has discriminated against me or another person. I hereby certify that the information I have provided in

this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

Received by: _____

(Date)