



## **NONDISCRIMINATION/EQUAL OPPORTUNITY COMPLAINT FORM**

Policy AC-E-2

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

Name of complainant: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

[ ] Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment).

Summary of alleged discrimination or harassment (Please use additional paper if needed to describe the alleged discrimination or harassment):

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Name(s) of individual(s) allegedly engaging in prohibited conduct:

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Date(s) alleged prohibited conduct occurred:

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Name(s) of witness(es) to alleged prohibited conduct:

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If others are affected by the possible discrimination or harassment, please give their names:

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Your suggestions regarding resolving the complaint: \_\_\_\_\_

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Please describe any corrective action you wish to see taken with regard to the alleged discrimination or harassment. You may also provide other information relevant to this complaint.

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Signature of complainant

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Date

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Signature of person receiving complaint

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Date

Issued: February 9, 2022

Revised by administration: May 2025

Revised by administration: September 2026