

STUDENT DISCRIMINATION REPORTING FORM

Policy 411 Exhibit 1

Page 1 of 2

Name _____ Date _____

Address _____
(Street)

(City) (Zip)

Telephone _____
(Home) (School or Work Location)

Status of person filing report:

____ Student ____ Employee ____ Parent or Guardian

____ Other: _____

Filing report alleging discrimination on the basis of: _____

Statement of report (include type of discrimination charged and the specific

incident(s) in which it occurred): _____

Signature of reporter: _____

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Date report filed:_____

Signature of person receiving report:_____

Date received:_____

Legal References:

Cross References:

Adoption Date: 9/24/2018

Revised/Reviewed Date: 5/23/2022, 10/28/2024