

Disposition of Complaint Form

Name of complainant: _____

Name of student or
employee target: _____Grade and building of
student or employee: _____Name and position or grade of
Alleged perpetrator/respondent: _____

Date of initial complaint: _____

Nature of discrimination or harassment alleged (Check all that apply)

<input type="checkbox"/>	Age	<input type="checkbox"/>	National Origin/Ancestry	<input type="checkbox"/>	Religion/Creed
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Belief/Party Preference	<input type="checkbox"/>	Socio-economic Status
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Other – Please Specify:

Summary of investigation: _____

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

Signature: _____

Date: _____