

## Nondiscrimination/Equal Opportunity (Complaint Form)

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

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

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

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

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

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

Summary of 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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File: AC-E-2

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

\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person receiving complaint

\_\_\_\_\_  
Date

Adopted April 26, 2012  
Revised August 6, 2020  
Revised June 20, 2024