



COMPLAINT / REFERRAL FORM

Staff Student Parent Visitor Vendor Date of Incident:
Data of Incidents
Date of fictionit:
Location of Incident:
Time of Incident:
Name of Accused:
Staff Student Parent Visitor Vendor
Name of Witness:
Staff Student Parent Visitor Vendor
Race / Color National / Ethnic Origin Age
Discrimination Sex Sexual Orientation Sexual Harassme
on the basis of: Gender Identity Disability Other:
Religion Creed
t relief do you seek?
t relief do you seek? t Name:

DISTRICT POLICY AND STATE LAW PROHIBITS RETALIATION AGAINST ALL PARTICIPANTS.