

ELLINGTON PUBLIC SCHOOLS

DISCRIMINATION COMPLAINT FORM

(For Complaints Based on Race, Color, Religion, Age, Marital Status, Sexual Orientation, National Origin, Ancestry, Disability, Genetic Information, or Gender Identity or Expression)

Name of person making the complaint: _____

Date this form was completed: _____

Date of the alleged discrimination or harassment: _____

Location of the alleged discrimination or harassment: _____

Names of individual(s) alleged to have engaged in discrimination and/or sexual harassment:

Names of individual(s) to have witnessed alleged discrimination and/or sexual harassment:

Statement of the circumstances constituting the alleged discrimination and/or sexual harassment:

Proposed remedy: _____

Reviewed by: _____

Date _____