

ADMINISTRATIVE REGULATION

APPROVED: May 10, 2016

REVISED:

CENTENNIAL SCHOOL DISTRICT

103-AR-0. REPORT FORM FOR STUDENT COMPLAINTS OF DISCRIMINATION

Complainant: _____

Home Address: _____

Home Phone: _____

School Building: _____

Date(s) of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name(s) of person(s) you believe violated the District's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident(s) as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary: _____

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date