

**TURKEYFOOT VALLEY AREA SCHOOL DISTRICT
REPORT FORM FOR COMPLAINTS OF DISCRIMINATION**

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged discrimination was based on: _____

Name of person you believe violated the district's nondiscrimination policy:

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

Describe the incident 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