



Discrimination, Harassment, and Retaliation Complaint Form

This form is being submitted by: _____

Complainant Name: _____

Phone: _____ Email: _____

If the Complainant is a student:

Date of Birth: _____ Grade: _____

School Building Attending: _____

If the Complainant is an employee:

Job Title: _____ Building: _____

Complaint Details

Reporter's Name and Relationship to Complainant: _____

Reporter's Phone: _____ Reporter's Email: _____

Respondent's Name: _____ Respondent's Relationship to Complainant: _____

1. Describe the alleged discrimination that you are requesting the District investigate. Please be specific. Describe the incident(s) and identify the individuals and potential witnesses involved. Describe or attach any evidence you believe is relevant. Attach additional pages if needed.

2. Describe the date/time/location(s) of the alleged incident(s).

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3. What would you like the District to do to remedy the situation?

Signature Date

For more information about the District’s complaint investigation process, see Policies 3115 through 3115H.

A person alleging discrimination may file a Complaint using the District’s Grievance Procedure. A Complaint may also be filed at any time with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. Filing a Complaint with the District is not a prerequisite to filing with OCR.

Use of this form is not required, but it does assist the District in gathering data related to the Complaint to ensure a prompt investigation. A Complainant’s failure to use this form will not be the basis to delay an investigation.