

**NONDISCRIMINATION/ANTI-HARASSMENT  
COMPLAINT FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Student/Year or Grade: \_\_\_\_\_

Immediate Supervisor or Building Principal: \_\_\_\_\_

Who was responsible for the alleged improper action? \_\_\_\_\_

Describe the alleged improper action: \_\_\_\_\_

\_\_\_\_\_

Date, time, and place the alleged improper action occurred: \_\_\_\_\_

Were there other persons involved with the event(s)? \_\_\_\_\_

If so, who was responsible and describe their involvement: \_\_\_\_\_

\_\_\_\_\_

List any witnesses: \_\_\_\_\_

\_\_\_\_\_

What was your reaction to the event(s)? \_\_\_\_\_

\_\_\_\_\_

Describe any subsequent incidents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant