

DISCRIMINATION AND HARASSMENT COMPLAINT FORM

General Information				
Name of Complainant:	Date of Referral:			
Date of Incident:	Location of Incident:			
Reported by:	Title of Reporter:			
Check if filing on behalf of someone else	Name of Alleged Victim:			
Status of Complainant:	Student	Staff	Visitor	Other
Type of Complaint:	Discrimination	Harassment	Retaliation	
Basis of Complaint:	Race Disability	Religion Age	Gender Other	Color
Person(s) Responsible for the Alleged Action:	Relationship to Complainant:			
Name	Student	Staff	Other	
Name	Student	Staff	Other	
Name	Student	Staff	Other	
Name	Student	Staff	Other	
Description				
Describe specific act(s) alleged with as much detail as possible. Include any statements made and/or any physical contact that was involved. Attach additional pages as necessary.				

Witnesses		
Has anyone witnessed the alleged behavior?	Yes	No
If yes, list names and contact information:		
Desired Outcome		
What remedy or resolution is the Complainant seeking?		
Prior Reporting		
Has the the incident/harassment been previously reported?	Yes	No
If yes, to whom, when, and what was the outcome or resolution		
Action Taken		
What actions have been taken to follow up on this complaint? Please provide as much detail as possible including the names, dates and statements of any witnesses interviewed, etc.		
Resolution		
What is the outcome or resolution of the matter?		
Communication of Resolution		
Has the resolution been communicated to the Complainant?	Yes	DATE:
Has it been communicated to the Parent (if appropriate)?	Yes	DATE:
<p>* Remind the participant that retaliation against a complainant or investigation participant is prohibited. Encourage the participant to report any additional information of which they become aware to the investigator or the DASA and Title IX Coordinator, Linda Lawrence at llawrence@normanhorward.org., or by phoning 585-334-8010, extension 305.</p>		