

# 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                       Religion                       Gender                       Color  
 Disability                       Age                       Other \_\_\_\_\_

Person(s) Responsible for the Alleged Action:	Relationship to Complainant:		
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Other _____
Name _____	<input type="checkbox"/> Student	<input type="checkbox"/> Staff	<input type="checkbox"/> 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: \_\_\_\_\_

***\* 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, Paul Keller at pkeller@normanhorward.org., or by phoning 585-334-8010, extension 305.***