COMPLAINT FORM (Discrimination, Anti-Bullying, and Anti-Harassment)

Date of complaint:		
Name of Complainant:		
Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):		
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)?		
Date and place of alleged incident(s):		
Names of any witnesses (if any): Nature of discrimination, harassn	nent, or bullying alleged (check all the	nat apply):
Age	Physical Attribute	Sex
Disability	Physical/Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other – Please Specify:
Marital Status	Race/Color	1 1
National Origin/Ethnic Background/Ancestry	Religion/Creed	
	be what happened and why you belies sed, or bullied. Please be as specific	
I agree that all of the information	on this form is accurate and true to	the best of my knowledge.
Signature:	Date:	