File: AC-E-2

## Nondiscrimination/Equal Opportunity (Complaint Form)

| Date:  |
|--|
| Name of complainant:   |
| School:  |
| Address:   |
| Phone:   |
| Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment). |
| Summary of alleged unlawful discrimination or harassment:  |
|  |
|  |
|  |
| Name(s) of individual(s) allegedly engaging in prohibited conduct:   |
|  |
| Date(s) alleged prohibited conduct occurred:   |
| Name(s) of witness(es) to alleged prohibited conduct:  |
|  |
| If others are affected by the possible unlawful discrimination or harassment, please give their names:   |

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| Your suggestions regarding resolving the complaint:  |      |
|--|------|
|  |      |
|  |      |
| Please describe any corrective action you wis alleged unlawful discrimination or harassmen information relevant to this complaint. |      |
|  |      |
|  |      |
|  |      |
|  |      |
|  |      |
| Signature of complainant   | Date |
| Signature of person receiving complaint  | Date |

Issued: May 18, 2011 Revised: March 2012

First Reading: October 17, 2012 Adopted: November 7, 2012

Revised and Adopted: August 5, 2020