

# DISCRIMINATION OR HARASSMENT COMPLAINT FORM

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Please indicate your relationship to the Richland School District (please circle one):

Student      Parent      Teacher      Other Staff      Other \_\_\_\_\_

Please indicate the date, time and place of alleged discrimination:

\_\_\_\_\_  
\_\_\_\_\_

Please describe in detail the specific nature of the complaint (e.g., who was involved, statements made, relevant documents, reactions, actions taken, etc.), (attach additional documentation if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any witnesses to the incident? If so, identify witnesses:

\_\_\_\_\_

Please provide a statement of how you have been affected adversely by the incident:

\_\_\_\_\_  
\_\_\_\_\_

What actions do you believe should be taken and why should these actions be taken?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of complainant: \_\_\_\_\_

Date complaint filed: \_\_\_\_\_

Signature of person receiving complaint: \_\_\_\_\_

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

**Please submit completed form to the Title IX Coordinator**