## 103.1 REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant:		
Date of Alleged Incident(s):		
Alleged discrimination was based	l on:	
Name of person you believe viola	ated the district's nondiscr	imination policy:
If the alleged discrimination was	directed against another p	erson, identify the other person:
Describe the incident as clearly as remarks, demands, etc.) and any a		verbal statements (i.e. threats, derogatory h additional pages if necessary:
When and where incident occurre	ed:	
List any witnesses who were pres	ent:	
	at the information I have p	has discriminated agains provided in this complaint is true, correct and
Complainant's Signature	Date	
Received By	 Date	