

Form

Discrimination Report

Report of Discrimination

This form is to be used by any employee or student who has either observed or been subject to discrimination. To insure full investigation, it should be completed as accurately as possible. It is not, however, critical to be 100 percent precise. An investigation may require the complainant to be interviewed.

Date _____

Name of complainant making a charge of discrimination: _____

Address of Complainant: _____

Telephone Number: () _____

Position or Grade: _____

Names of Individuals involved in discrimination; Indicate whether they are students or employees:

Names of any witnesses; Indicate whether they are employees or students:

Complainant's Signature: _____ Date: _____

Please see the Hamilton Southeastern School's policy on discrimination for more information on the topic. Present this report to your most immediate supervisor not involved in the discrimination.