

DISCRIMINATION COMPLAINT FORM

Date _____

Name of Person Filing Complaint _____

School or Activity _____

Student/Parent Employee Nonemployee Other _____

Type of discrimination: Race Color Religion
 Sex National Origin Disability
 Marital Status Age Sexual Orientation
 Other _____

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of discussion.)

Who should we talk to and what evidence should we consider? _____

Suggested solution/resolution/outcome: _____

This complaint form should be mailed or submitted to the administrator.

Direct complaints related to educational programs and services may be made to the U. S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.

9/28/17 | PH