

DISCRIMINATION COMPLAINT FORM

Name of Person Filing Complaint Date School or Activity

Student/Parent Employee Job applicant Other _____

Type of discrimination:

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital status | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Familial status | <input type="checkbox"/> Discriminatory use of a Native American mascot |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Economic status | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> National or ethnic origin | <input type="checkbox"/> Veterans' status | |
| <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Age | |
| | <input type="checkbox"/> Sexual orientation | |

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of the 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 [program 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.