

**COMPLAINT FORM**  
(Discrimination, Anti-Bullying, and Anti-Harassment)

Date of complaint: \_\_\_\_\_

Name of Complainant: \_\_\_\_\_

Are you filling out this form for  
yourself or someone else  
(please identify the individual if  
you are submitting on behalf of  
someone else): \_\_\_\_\_

Who or what entity do you  
believe discriminated against,  
harassed, or bullied you (or  
someone else)? \_\_\_\_\_

Date and place of alleged  
incident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of any witnesses (if  
any): \_\_\_\_\_

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_