Plum Borough School District Report Form for Complaints of Discrimination

Complainant:			
Home Address:			
Home Phone:		-	
School Building:			
Date of Alleged Incident(s):			
Alleged discrimination was based of	on: (Circle those t	hat apply)	
Race	Color	National Origin	
Gender	Disability	Religion	
Ancestry	Age	Sexual Orientation	
Name of person you believe violat	ed the district's no	ondiscrimination policy:	
If the alleged discrimination was d	the alleged discrimination was directed against another person, identify the person:		
		g any verbal statements (i.e. threats, derogatos. Attach additional pages if necessary:	
List any witnesses who were prese	ent:		
This complaint is based on my hon against me or another person. I ce true, correct, and complete to the	ertify that the info	rmation that I have provided in this complaint	
Complainant's Signature		Date	
Received By		 Date	