

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 on: (Circle those that apply)

Race

Color

National Origin

Gender

Disability

Religion

Ancestry

Age

Sexual Orientation

Name of person you believe violated the district's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the person:

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information that I have provided in this complaint is true, correct, and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date