

Student Discrimination Reporting Form

Policy 411- Exhibit 1

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Name _____ Date _____

Address _____

(Street)

(City)

(Zip)

Telephone _____

(Home)

(School or Work

Location)

Status of person filing report:

____ Student ____ Employee ____ Parent or Guardian

____ Other: _____

Filing report alleging discrimination on the basis

of: _____

Statement of report (include type of discrimination charged and the specific

incident(s) in which it occurred): _____

Signature of reporter: _____

Date report filed: _____

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Signature of person receiving report: _____

Date received: _____

Legal References:

Cross References:

Adoption Date: 10/27/2014