

EMPLOYMENT DISCRIMINATION REPORTING FORM

Policy 511-Exhibit

Page 1 of 1

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: _____

Signature of person receiving report: _____

Date received: _____

Legal References:

Cross References:

Adoption Date: 10/27/2014