

INDEPENDENT SCHOOL DISTRICT NO. 6051

SEX NONDISCRIMINATION REPORTING FORM

General Statement of Policy Prohibiting Sex Nondiscrimination

Education District No. 6051 maintains a firm policy prohibiting all forms of sex nondiscrimination. All persons are to be treated with respect and dignity. Sex nondiscrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant: _____
Home Address: _____
Work Address: _____
Home Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person you believe discriminated toward you or a student on the basis of sex: _____

If the alleged sex nondiscrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary): _____

Where and when did the incident(s) occur?: _____

List any witnesses that were present: _____

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

(Complainant Signature) (Date)

Received by: _____
(Date)