Code No. 104.E1

COMPLAINT FORM (Discrimination, Anti-Bullying, and Anti-Harassment)

| Date of complaint: | | | |
|--|---|--|--|
| Name of Complainant: | | | |
| Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): | | | |
| Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)? | | | |
| Date and place of alleged incident(s): | | | |
| Names of any witnesses (if any): | nent, or bullying alleged (check all th | nat annly): | |
| Age | Physical Attribute | Sex | |
| Disability | Physical/Mental Ability | Sexual Orientation | |
| Familial Status | Political Belief | Socio-economic Background | |
| Gender Identity | Political Party Preference | Other – Please Specify: | |
| Marital Status | Race/Color | Cultivation of the color of t | |
| National Origin/Ethnic Background/Ancestry | Religion/Creed | | |
| | be what happened and why you belicesed, or bullied. Please be as specific | | |
| | | | |
| | | | |
| | | | |
| I agree that all of the information | on this form is accurate and true to t | he best of my knowledge. | |
| Signature: | Date | Date: | |