

**EPPING SCHOOL DISTRICT
DISCRIMINATION AND/OR HARASSMENT
REPORT FORM**

General Statement of Policy Prohibiting Discrimination and/or Harassment

The School District maintains a firm policy prohibiting all forms of discrimination and harassment based on age, race, color, religion, country of origin, marital status, sex, sexual preference, and disability. Harassment against students or employees is discrimination. All persons are to be treated with respect and dignity, and discrimination/harassment 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 or harassed you.

List any witnesses that were present.

Where did the incident(s) occur?

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; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

This complaint is filed based on my honest belief that _____ has discriminated and/or harassed me. 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: _____