

Discrimination Complaint Form

Name of person filing complaint _____

Date _____ School or Activity _____

Student/Parent Employee Job applicant Other _____

Type of discrimination:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion
<input type="checkbox"/> Sex	<input type="checkbox"/> National or Ethnic origin	<input type="checkbox"/> Mental or physical disability
<input type="checkbox"/> Marital status	<input type="checkbox"/> Familial status	<input type="checkbox"/> Economic status
<input type="checkbox"/> Veterans status	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Discriminatory use of a Native American mascot	
<input type="checkbox"/> Gender	<input type="checkbox"/> Other _____	

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of the incident.)

Who should we talk to and what evidence should we consider?

Suggested solution/resolution/outcome:

This complaint form should be mailed or submitted to the Teacher Leader who holds the office of Civil Rights Coordinator.

Direct complaints related to educational programs and services may also be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may also be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities commission.