

**REPORT FORM FOR COMPLAINTS OF  
DISCRIMINATION/DISCRIMINATORY HARASSMENT**

Complainant: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone **Number**: \_\_\_\_\_  
School Building: \_\_\_\_\_  
Date of Alleged Incident(s): \_\_\_\_\_

Alleged discrimination/**discriminatory harassment** was based on: \_\_\_\_\_

Name of person you believe violated the district's discrimination/**discriminatory harassment** policy: \_\_\_\_\_

If the alleged discrimination/**discriminatory harassment** was directed against another person, identify the other person: \_\_\_\_\_

Describe the incident(s) as clearly as possible, including any graphic, written, electronic, verbal or nonverbal acts (i.e., offensive jokes, slurs, epithets and name-calling, ridicule or mockery, insults or put-downs, offensive objects or pictures, physical assaults or threats, intimidation, or other conduct). Attach additional pages if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where **the alleged** incident(s) occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_  
\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge. **I understand that any false information provided herein is subject to penalties contained in 18 Pa. C.S.A. Sec. 4904, relating to unsworn falsification to authorities.**

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date