

**REPORT OF DISCRIMINATION-STUDENT**

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date(s) of Alleged Discrimination: \_\_\_\_\_

Name(s) of person(s) you believe discriminated against you or others: \_\_\_\_\_

\_\_\_\_\_  
Please describe in detail the incident(s) of alleged discrimination, including where and when the incident(s) occurred. Please name any witnesses that may have information regarding the situation. Please include a description of any past incidents that may be related to this complaint. Attach additional pages if necessary.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Complaint Received By:

\_\_\_\_\_  
Director or Compliance Officer

\_\_\_\_\_  
Date

Date Adopted: May 16, 2013