

ATTLEBORO PUBLIC SCHOOLS
Attleboro, Massachusetts

File: AC-E-2

**REPORT FORM FOR REPORTS OR COMPLAINTS
OF DISCRIMINATION OR HARASSMENT
BECAUSE OF SEX, RACE, NATIONAL ORIGIN, DISABILITY, OR AGE**

Complainant _____

Home Address _____

Work Address _____

Home Phone _____

Date of alleged incident(s) _____

Did the incident(s) involve discrimination or harassment regarding: sex ____, race ____, national origin ____, disability ____, age ____ (check all that apply)

Name of person you believe discriminated against or harassed you or another person:

If the alleged discrimination or harassment was toward another person, identify that other person _____

Describe the incident 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. Attach additional pages as necessary.

Where and when did the incident occur? _____

List any witnesses who were present: _____

This complaint is based upon my honest belief that _____ has discriminated against/harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

(complainant's signature)

Date

(received by)

Date

SCHOOL COMMITTEE APPROVED – JUNE 21, 2004