

## HARRASSMENT/DISCRIMINATION COMPLAINT FORM

Sage Academy expects its employees to comply with all nondiscrimination laws. In addition, no discrimination on any basis is permitted in the programs or activities that the School operates. If you believe that discrimination has occurred against a student, please complete, sign, and submit this form to the administration. In addition to the use of this form, other forms of complaints (verbal and written) will be accepted.

Date: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Complaint is: \_\_\_\_\_ Student: \_\_\_\_\_

\_\_\_\_\_ Parent: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

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

Street

City

State

Zip

Telephone: \_\_\_\_\_

Home

Work

- 
1. Describe the alleged discrimination in specific terms. Include:
    - a. The specific incident or activity that is alleged to be discrimination;
    - b. The individuals involved;
    - c. Dates, times, and locations involved; and
    - d. The protected class or category (race, sex, religion, etc.) that forms the basis of the complaint (attach additional pages if necessary).

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2. Describe any relevant communication that has already occurred to address the issue. Please specify the types of communication, dates of communication, and names of individuals with whom any communication has occurred.

3. Please describe how you would like to see this issue resolved.

I certify that this information is correct to the best of my knowledge.

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

\_\_\_\_\_  
Printed Name of Complainant

**PLEASE RETURN THIS FORM TO YOUR SCHOOL'S ADMINISTRATION**