



DISCRIMINATION COMPLAINT FORM

Name of Complainant: _____ Date: _____

Student/Parent Employee Nonemployee (Job applicant) Other _____

Home Phone: _____ Cell Phone: _____

Type of discrimination: Race Color Religion Sex
Disability National Origin Marital Status Age
Sexual Orientation Other _____

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

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

Suggested solution/resolution/outcome:

The complaint form should be mailed or taken to the principal. Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.