

Red Clay Consolidated School District

Discrimination Complaint/Report Form

Name of Person filling out this complaint/report (can be anonymous): _____

Your contact information/telephone number: _____

Names(s) of Complainant/Reporter _____ Age _____ Grade _____

If reporter, name of 'victim' _____ Age _____ Grade _____

Names(s) of Alleged Perpetrator(s) _____

Grade(s) _____

Names(s) of Witness(es) and contact information: _____

Date of Incident: _____ Time of Incident: _____ Location of Incident _____

Please describe the details of the incident, being as specific as possible. Please attach additional pages, if necessary.

Given any background information that may help explain how or why the incident occurred.

Signature of Person Filling this Complaint/Report: _____ Date: _____

Designated Official Receiving Report: _____ Date: _____

Names(s) of Complainant(s) and/or Protected Class(es) _____

Investigation Findings Form

School: _____

Names(s) of Perpetrator(s): _____ Age _____ Grade _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Is this incident (Please circle all that apply.): discrimination, harassment, or retaliation?

Were the allegations proven? Yes No Will Disciplinary Action be taken? Yes No

Will corrective action be taken? Yes No Will remedial action be taken? Yes No

Please describe the findings of the investigation in as much detail as possible, including all action to be taken. Please attach additional pages, if necessary.

Signature of Designated Official: _____ Date: _____

Printed Name of Designated Official: _____ Position: _____