

EDUCATIONAL PHILOSOPHY

Series 100

EXHIBIT DISPOSITION OF COMPLAINT FORM

No. 102.E6

Date:	
Date of initial complaint:	
Name of Complainant (include whether the Complainant is a student or employee):	
Date and place of alleged incident(s):	
Name of Respondent (include whether the Respondent is student or employee):	

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Color	<input type="checkbox"/>	Race
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Religion
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Socio-economic Status
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Age		

Summary of Investigation: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Submit to: Associate Superintendent

Date Approved: June 27, 2016
Last Date Reviewed: March 8, 2021
Last Date Revised: March 8, 2021