

Discrimination Complaint Form

Name of Person Filing Complaint: _____

Date _____ School or Activity _____

Student/Parent Employee Job applicant Other: _____

Type of discrimination:

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Marital status | <input type="checkbox"/> Discriminatory use of a Native American mascot |
| <input type="checkbox"/> Color | <input type="checkbox"/> Familial status | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Economic status | |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Veteran's status | |
| <input type="checkbox"/> National or ethnic origin | <input type="checkbox"/> Age | |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Pregnancy | |

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:

Signature of Complainant: _____ Date _____

The complaint form should be mailed or submitted to the building administrator. 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.