

**Star School District No. 054
Discrimination and Harassment
Complaint Form**

Please print:

Name _____ Date _____

Address _____

Telephone _____ or number where you may be contacted _____
during the hours of _____

I wish to register a complaint against:

Name of person, school (give department) program activity, etc.

Specify your complaint by stating the problem as you see it. Describe the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times, and places.

O V E R

Indicate if there are other people who could provide more information regarding your complaint:

Name _____ Address _____ Telephone No. _____

Proposed Solution:

Indicate your opinion on how this problem might be resolved. Be as specific as possible.

I certify that there is no falsification of the above information and events are accurately depicted to the best of my knowledge.

Signature of Complainant

Date

***Please return the original completed form to the Superintendent.
A copy of this will be provided to the complainant.***