

**ANTI- HARASSMENT & NONDISCRIMINATION  
COMPLAINT FORM**

INSTRUCTIONS: Complete and submit this form within 180 calendar days of the last act that you believe was discriminatory or harassing. Help in completing the form or answering follow-up questions is available by contacting 765-478-5375. Please provide as much information as possible to enable the Corporation investigation. Refer to *Policy A100* for additional information. The completed form must be submitted with 30 calendar days of the violation to any administrator or to the appropriate Complaint Coordinator (see chart in *Policy A100*) at 519 Queen Street, Pershing, IN, 47370.

ALLEGED BASIS OF HARASSMENT OR DISCRIMINATION (Check all that apply):		
<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex (including gender identity or sexual orientation)
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
<input type="checkbox"/> Religion	<input type="checkbox"/> Other (please specify)	

A. Target's Name \_\_\_\_\_ School/Building \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

If you are submitting a complaint on behalf of a targeted student or employee, please complete the following about yourself:

Your Name \_\_\_\_\_

Your Relationship to the targeted student or employee \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile/Pager \_\_\_\_\_

B. Target's Status:    \_\_\_\_\_ Student    \_\_\_\_\_ Parent/Guardian  
   \_\_\_\_\_ Employee    \_\_\_\_\_ Other (explain)

C. Complaint Information:

1. Date of Discriminatory Occurrence (if multiple, list all dates): \_\_\_\_\_

2. Location: \_\_\_\_\_

3. Name(s) of the offender: \_\_\_\_\_

4. Describe what happened that you believe was discriminatory. (Use extra paper if needed).

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5. List names of school personnel who were involved:

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6. If others were affected by the alleged violation/discrimination, please list their names:

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7. If others witnesses the alleged violation, please list their names:

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8. If you have had an initial discussion with a staff member or supervisor concerning the complaint, please give the date of discussion, summarize the conversation, and include the name of the person with whom you spoke.

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9. If you wish, describe the corrective action(s) you would like to see taken

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10. Additional Comments:

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11. Are you interested in the informal resolution process (i.e., mediation)?  Yes  No

12. Do you have any documentation related to this complaint (i.e., notes, emails, text messages, etc.)?

Yes  No

If so, please attach it to this form.

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D. I certify that the above statements are true.

Complainant's Signature \_\_\_\_\_

Date Filed \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Date received
- Date Complainant notified, request for additional information
- Date outcome of investigation delivered
- Appeal to Coordinator
- Appeal to Board
- Corrective Action