



Book Danville Public Schools Policy Manual
 Section Section J - Students
 Title Complaint of Discrimination
 Code JBA-E
 Status Active
 Adopted November 19, 2020

COMPLAINT OF DISCRIMINATION

Name of Complainant: _____

Student's School and Class: _____

Address: _____

Email Address: _____ **Phone Number(s):** _____

Name(s) of Parent/Legal Guardian: _____

Address(es): _____

Email address(es): _____ **Phone Number(s):** _____

Dates of Alleged Discrimination: _____

Names of the persons you believe discriminated against you or others:

Please describe in detail the incidents of alleged discrimination, including where and when the incidents occurred. Please name any witnesses that may have information regarding the alleged discrimination. Attach additional pages if necessary.

Please describe any past incidents that may be related to this complaint.

I certify that the information provided in this report is true, correct and complete to the best of my knowledge.

**Signature of
Complainant**

Date

**Complaint
Received By:**

Compliance Officer

Date