

# PALISADES SCHOOL DISTRICT

No. 103, 103.1, 104 AR

ADMINISTRATIVE REGULATION

APPROVED: July 11, 2014

**No. 103 AR-NON DISCRIMINATION IN SCHOOL & CLASSROOM PRACTICES**  
**No. 103.1 AR-NONDISCRIMINATION-QUALIFIED STUDENTS WITH DISABILITIES**  
**No. 104 AR-NONDISCRIMINATION IN EMPLOYMENT AND CONTRACT  
PRACTICES**

Procedures for filing a complaint of discrimination are outlined in policies 103, 103.1, and 104. The attached form should be used by complainants and available in staff and student handbooks, as well as on the district website.

REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Building: \_\_\_\_\_

Date of Alleged Incident(s): \_\_\_\_\_

Alleged discrimination was based on: \_\_\_\_\_

Name of person you believe violated the district's nondiscrimination policy:  
\_\_\_\_\_

If the alleged discrimination was directed against another person, identify the other person:  
\_\_\_\_\_

Describe the incident as clearly as possible, including any verbal statements (i.e. threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When and where incident occurred: \_\_\_\_\_

List any witnesses who were present: \_\_\_\_\_

\_\_\_\_\_

This complaint is based on my honest belief that \_\_\_\_\_ has discriminated against me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge. I further understand that the investigation may result in divulging my name and the complaint to the accused and others to complete a sufficient investigation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

Please forward this complaint to the Superintendent.