

SEDRO-WOOLLEY SCHOOL DISTRICT DISCRIMINATION COMPLAINT FORM

YOUR NAME: _____

DATE: _____ SCHOOL: _____

WORK PHONE #: _____ HOME PHONE #: _____

IMPORTANT!! Please answer as completely as possible the following questions. Use the back of this paper and as many additional sheets as necessary. Call the Human Resources Office (855-3576) to schedule an appointment and get this form to them immediately.

Exactly what happened?	
Who is the alleged discriminator?	
When did the behavior(s) occur? (Be specific indicating date(s) and time behavior occurred.)	
Where did the behavior(s) occur?	
Were there any witnesses?	
How often has the behavior occurred?	
How long has the discrimination been going on?	
Is there evidence related to this allegation?	

I certify the above statements to be true and factual to the best of my knowledge.

Signature: _____ Date: _____