TURKEYFOOT VALLEY AREA SCHOOL DISTRICT REPORT FORM: COMPLAINTS OF DISCRIMINATION/DISCRIMINATORY HARASSMENT

Complainant:			
Home Address:			
Home Phone:			
		This complaint is being filed for (please circle one): Discrimination Discriminator	y Harassment
		Alleged discrimination/discriminatory harassment was based on:	
Name of person you believe violated the district's nondiscrimpolicy:	•		
If the alleged discrimination/ discriminatory harassment was directed against another person, identify the other person:			
Describe the incident as clearly as possible, including any ver 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 against me or another person. I certify that the information I l correct and complete to the best of my knowledge.	has discriminated have provided in this complaint is true,		
Complainant's Signature	Date		
Received By	 Date		

Revised 9/21/2020

^{*}Please Note: During the investigation, it will be necessary for Turkeyfoot Valley Area School District officials and the district's agents to disclose the filing of the complaint, the allegations of the complaint and the complainant's identity to other persons to perform a thorough investigation.