

REPORT OF DISCRIMINATION

Name of Complainant: _____

Student's School and Class: _____

Address: _____

Email Address: _____ Phone Number(s): _____

Name of Parent/Legal Guardian: _____

Address(es): _____

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

Date(s) of Alleged Discrimination: _____

Name of person(s) you believe discriminated against you or others:

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

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

Please identify any attempts you have made to discuss or resolve this issue with any school division staff, including the results.

Please provide your suggestions about how the issue can be resolved.

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

ADOPTED: March 8, 2005

REVISED: January 10, 2012
April 12, 2016

CROSS REFERENCE: JBA Section 504 Non-Discrimination Policy and Complaint Procedure