



CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

Board Policy Statement 5145.55 - Student Complaint Form Appendix A for Policies 5141.52 and 5145.50

Student Complaint of Discrimination and/or Unlawful Harassment

Name of complainant: _____ Grade/School: _____

Date of complaint: _____ Parent/Guardian: _____

Contact information: _____

Name(s) of alleged unlawful harasser(s) and/or persons who allegedly discriminated against complainant:

The alleged discrimination and/or harassment is based upon the complainant's (circle ALL that apply):

RACE - COLOR - NATIONAL ORIGIN - SEX (includes sexual harassment)
DISABILITY - RELIGION - SEXUAL ORIENTATION - ALIENAGE

Date(s) and place(s) of alleged discriminatory conduct and/or harassment: _____

Name(s) of any witness(es) (if any): _____

List of documentary evidence (if any): _____

Statement of the facts supporting this complaint of discrimination and/or unlawful harassment (use back of form or attach additional pages if necessary):

School Official who received the complaint

Signature of complainant

DATE: _____