

Discrimination Complaint Form

Name of Person Filing Complaint: _____

Date: _____ School or Activity: _____

Student/Parent Employee Nonemployee Job Applicant Other _____

Type of Discrimination:

Race

Color

Religion

Sex

National Origin

Disability

Marital Status

Age

Sexual Orientation

Other: _____

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of informal discussion.)

Who should we talk to and what evidence should we consider?

Suggested solution/resolution/outcome:

The complaint form should be mailed or taken to the principal. Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.