

Clinton Public Schools • Clinton, CT 06413 • www.clintonpublic.net

Fillable using Adobe Acrobat. Complete and print or email. If preferred, print blank form and complete by hand.

DISCRIMINATION/HARASSMENT COMPLAINT FORM

For complaints based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Alienage, Ancestry, Disability, Pregnancy, Veteran Status, or Gender Identity Expression

Name of complainant:
Date of complaint:
Date of alleged discrimination/harassment:
Name or names of the discriminator(s) or harasser(s):
Location where such discrimination/harassment occurred:
Name(s) of witness(es) to the discrimination/harassment:
Detailed statement of the circumstances constituting the alleged discrimination: or harassment. (If additional space is needed, please use a blank page.)
Proposed remedy: