

**STAFFORD PUBLIC SCHOOLS
DISCRIMINATION COMPLAINT FORM**

(For Complaints Based on race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), genetic information, or gender identity or expression)

Name of the complainant _____

Date of the complaint _____

Date of the alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s) _____

Location where such discrimination/harassment occurred _____

Name(s) of any witness(es) to the discrimination/harassment. _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment _____
