

**STAFFORD PUBLIC SCHOOLS  
DISCRIMINATION COMPLAINT FORM  
(For Complaints Based on Race, Color, Religion, Age, Sex, Marital Status, Sexual  
Orientation, National Origin, Ancestry, Disability, Pregnancy, 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. \_\_\_\_\_

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Detailed statement of the circumstances constituting the alleged discrimination or  
harassment \_\_\_\_\_

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