

**DISCRIMINATION COMPLAINT FORM**

*Any person, including students, staff, visitors and third parties, may file a complaint.*

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Name of Person Filing Complaint \_\_\_\_\_ Date \_\_\_\_\_ School or Activity \_\_\_\_\_

Student/Parent  Employee  Job applicant  Other  \_\_\_\_\_

Type of discrimination:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Race                      | <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Age  |
| <input type="checkbox"/> Color                     | <input type="checkbox"/> Marital status                | <input type="checkbox"/> Sexual orientation                             |
| <input type="checkbox"/> Religion                  | <input type="checkbox"/> Familial status               | <input type="checkbox"/> Pregnancy                                      |
| <input type="checkbox"/> Sex                       | <input type="checkbox"/> Economic status               | <input type="checkbox"/> Discriminatory use of a Native American mascot |
| <input type="checkbox"/> National or ethnic origin | <input type="checkbox"/> Veterans' status              | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> Gender identity           |  |   |

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

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

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Suggested solution/resolution/outcome: \_\_\_\_\_

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This complaint form should be mailed or submitted to the administrator/supervisor.

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.