



**Reporting Form for  
Discrimination in Employment/Contract Practices**

**I. Information about the person making this report**

Full Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School Building: \_\_\_\_\_

Affiliation:  Employee  Other: \_\_\_\_\_

**If you are not the victim of the reported discrimination, please identify the alleged victim.**

Name: \_\_\_\_\_

The alleged victim is:  Employee  Other: \_\_\_\_\_

**II. Information about the person(s) you believe is/are responsible for the discrimination you are reporting**

Name: \_\_\_\_\_  Employee  Other: \_\_\_\_\_

Name: \_\_\_\_\_  Employee  Other: \_\_\_\_\_

Name: \_\_\_\_\_  Employee  Other: \_\_\_\_\_

**III. Information about the discrimination you are reporting**

Approximate Date & Time of Incident: \_\_\_\_\_

Location Where Incident Occurred: \_\_\_\_\_

Type of Conduct:  Single incident  Occasional incidents  Persistent incidents

Please provide the name(s) of anyone who was present, even if only for part of the time, or has knowledge or information related to the discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue to the next page.

