

MERIDEN PUBLIC SCHOOLS

DISCRIMINATION/HARASSMENT COMPLAINT FORM
(For complaints based on race, color, religion, age, marital status, national origin, alienage, ancestry, veteran status, or status as a victim of domestic violence)

Name of the reporter _____

Name of the complainant/victim _____

School/program and grade of the complainant/victim _____

Reporter's Relationship to the complainant/victim _____

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 _____

Proposed remedy _____

