

COMPLAINT FORM

Complete for and submit to District Contact within 90 days of the alleged discriminatory action. Forms can be submitted via email address or through US mail to SFA address.

Name:
School:
Address:
Phone:
Email:
1. What happened to you? Please include date, location, and any supporting documentation that would help show what happened.
2. Who do you believe discriminated against you? List name(s).
3. Name(s) of witness(es) to alleged prohibited conduct if applicable:
4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. I believe I was discriminated against based on my:
5. How would you like to see this complaint resolved?