

# Regulation

GENERAL COMMITMENTS

0015.1

## REPORT OF POSSIBLE DISCRIMINATION

Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_  
(if applicable)

Work Telephone: ( ) \_\_\_\_\_  
(if applicable)

Date of Alleged Incident(s): \_\_\_\_\_

Name of person(s) you believe discriminated against you: \_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Describe the incident(s) as clearly as possible, including such details as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

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

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What would you like done to correct this situation?

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I hereby certify that the information I have provided in this Complaint is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_

\_\_\_\_\_  
Date

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Vernon-Verona-Sherrill School District  
Approved by the Superintendent: 11/27/17