DISCRIMINATION COMPLAINT FORM

Name of Person Filing Complain	t	Date	School or Activity
Student/Parent □ Employee □	Job applicant □ Oth	er 🗆	
Type of discrimination:			
□ Race □ Color □ Religion □ Sex □ National or ethnic origin	☐ Mental or physi☐ Marital status☐ Familial status☐ Veterans' status☐ Age	·	☐ Sexual orientation ☐ Pregnancy ☐ Discriminatory use of a Native American mascot ☐ Other
Specific complaint: (Please provi results of discussion.			
Who should we talk to and what	evidence should we co	nsider?	
Suggested solution/resolution/out			

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

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.