Columbus School District

Discrimination/Harassment Complaint Form

Name:	Date:
Address: *(street)*	
(City/State/Zip)	

Status of Person Filing Complaint:		
☐ Student	☐ Employee	☐ Parent
☐ Other:		

Statement of Complaint
(include type of discriminate/harassment charged and the specific incident(s) in which it occurred):

Signature of Complainant	
Date Complaint Filed	
Signature of Person Receiving Complaint	
Date Received	

WHITE COPY – BUILDING ADMINISTRATOR
YELLOW COPY – DISTRICT OFFICE
PINK COPY - COMPLAINANT