



## STUDENT ALLEGED DISCRIMINATION COMPLAINT FORM

**\*\*PLEASE PRINT\*\***

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

Address: \_\_\_\_\_  
                    Street or P.O. Box                      City                      Zip Code

ID# \_\_\_\_\_ Telephone No. \_\_\_\_\_

DATE MOST RECENTLY ENROLLED AS A STUDENT: \_\_\_\_\_

I WISH TO FILE A COMPLAINT AGAINST: \_\_\_\_\_

(Student complaints against other students or staff have recourse through the  
**(Standards of Conduct)**)

Name of person, college, program, or activity: \_\_\_\_\_

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

Were you discriminated against because of your: (Please check only those which apply)

Ethnic Group Identification  
Religion  
Age  
Sex

Color  
Physical Disability  
Mental Disability

Specify how you were discriminated against by stating the problem as you see it by describing the incident, the participants, the background of the incident and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

Date of Alleged Discrimination: \_\_\_\_\_

If there is anyone who could provide more information regarding this issue, please list names, addresses, and phone numbers.

NAME	ADDRESS	PHONE NUMBER
<hr/>		
<hr/>		
<hr/>		

**THE PROJECTED SOLUTION:** Indicate what you think can and should be done to solve the problem. Be as specific as possible.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Complainant (Student)

\_\_\_\_\_  
Date