

**WESTON PUBLIC SCHOOLS
DISCRIMINATION COMPLAINT FORM**

(For Complaints Based on Race, Color, Religion, National Origin, Sex, Sexual Orientation, Marital Status (Including Civil Union Partners), Age, Ethnicity, Ancestry, Learning Disability, Past or Present History of Mental Disability, Intellectual Disability, Physical Disability, Pregnancy, Gender Identity and Expression, Transgender Status, or any other Basis Prohibited by State or Federal Law)

Name of the complainant _____

Date of the complaint _____

Date of the alleged discrimination/harassment _____

Name or names of the alleged discriminator(s) or harasser(s)

Location where such alleged discrimination/harassment occurred

Name(s) of any witness(es) to the alleged discrimination/harassment

Detailed statement of the circumstances constituting the alleged discrimination or harassment _____

