

# CHEROKEE WASHINGTON HIGH SCHOOL

Counseling Department



Code No. 104.E1

## COMPLAINT FORM

*Discrimination, Anti-Bullying, and Anti-Harassment*

<b>Name of Complainant:</b>	<b>Date:</b>
Are you filling this form out for <input type="checkbox"/> Yourself <input type="checkbox"/> Someone else: _____	
Who or what entity do you believe discriminated against, harassed, or bullied you (or someone else)? What is the allegation?	
Date and place of alleged incident(s):	
Name(s) of witness(es), if applicable:	

*Retaliation against any person, because the person has filed a complaint, assisted, or participated in an investigation is prohibited.  
Persons found to have engaged in retaliation shall be subject to discipline by appropriate measures.*

<b>Nature of discrimination, harassment, or bullying alleged (check all that apply):</b>		
<input type="checkbox"/> Age	<input type="checkbox"/> Physical Attribute	<input type="checkbox"/> Sex
<input type="checkbox"/> Disability	<input type="checkbox"/> Physical/Mental Ability	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Familial status	<input type="checkbox"/> Political Belief	<input type="checkbox"/> Socio-economic Background
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Political Party Preference	<input type="checkbox"/> Other – Please Specify: _____
<input type="checkbox"/> Marital status	<input type="checkbox"/> Race/Color	
<input type="checkbox"/> National Origin/ Ethnic Background/ Ancestry	<input type="checkbox"/> Religion/Creed	

In the space below, please describe what happened and why you believe someone has been discriminated against, harassed, or bullied. Please be as specific as possible and attach additional pages if necessary.

*I agree that, to the best of my knowledge, all of the information on this form is accurate and true.*

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