

RETURN THE COMPLETED FORM TO THE SCHOOL PRINCIPAL OR TO THE LAW DEPARTMENT, 1380 E. SIXTH STREET, CLEVELAND, OHIO 44114.

REPORT FORM FOR REPORTS OR COMPLAINTS OF DISCRIMINATION OR HARASSMENT

Complainant: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Name of person you believe discriminated against or harassed you or another person:

If the alleged discrimination or harassment was toward another person, identify that other person:

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e., threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary:

When and where did the incident occur: _____

List any witnesses who were present :

This complaint is based upon my honest belief that _____ has discriminated against or harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature:

Date: _____

RECEIVED BY: _____

DATE RECEIVED: _____