Trinidad School District #1 AC-E-2

Nondiscrimination/Equal Opportunity (Complaint Form)

Date:
Name of complainant:
School:
Address:
Phone:
Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment).
Summary of alleged unlawful discrimination or harassment:
Name(s) of individual(s) allegedly engaging in prohibited conduct:
Date(s) alleged prohibited conduct occurred:
Name(s) of witness(es) to alleged prohibited conduct:

If others are affected by the possible unlawful discrimination or harassment, please give their names:		
Your suggestions regarding resolving the complaint:		
Please describe any corrective action you walleged unlawful discrimination or harassme information relevant to this complaint.		
Signature of complainant	Date	
Signature of person receiving complaint	Date	
Revised Dec 2005; Aug 2020 Adopted March 2000		
[Revised July 2020] COLORADO SAMPLE EXHIBIT 2007©		

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