## DISPOSITION OF COMPLAINT FORM

Date:		
Date of initial complaint:		
Name of Complainant (include whether the Complainant is a student or employee):		
Date and place of alleged incident(s):		
Name of Respondent (include whether the Respondent is a student or employee):  Nature of discrimination, harassmer	nt, or bullying alleged (check all that	t apply):
Age	Physical Attribute	Sex
Disability	Physical/Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other – Please Specify:
Marital Status	Race/Color	Troube Specify.
National Origin/Ethnic Background/Ancestry	Religion/Creed	
Summary of Investigation:		
agree that all of the information or	n this form is accurate and true to the	e best of my knowledge.
Signature:	Date:	