

FOUNDATIONS AND BASIC COMMITMENTS

CODE: ACG-E
FORM

RESOLUTION OF DISCRIMINATION

ALLEGED DISCRIMINATION/MISTREAT

COMPLAINT REPORT FORM

Name _____

Student or Employee _____

Building _____

Specify type of discrimination alleged.

Specific facts of complaint. (Who? What? Where? When?)

Specific relief desired. (What do you want done or corrected?)

(Date)

(Signature of Student or Employee)

NEW POLICY

ADOPTION DATE: OCTOBER 8, 1991

REVIEW DATE: JUNE 8, 2016