

**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, harassment, or bullying alleged (check all that 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	
National Origin/Ethnic Background/Ancestry	Religion/Creed	

Remedy requested (if any): \_\_\_\_\_  
\_\_\_\_\_Summary of investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Response and action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\*Adopted: 12/13/10  
 \*Revised: 08/15/11  
 \*Reviewed: 02/8/16  
 \*Revised: 04/04/16  
 \*Reviewed: 02/08/21