



TITLE:  
Complaint of Discrimination

FORM: JB-R(2)-F

Updated 8/11/2020

**Allegation of discrimination on basis of race/color/national origin/  
religion/sex (including gender identity, sexual orientation, marital status or  
pregnancy)/disability**

- Students alleging discrimination relating to the identification, evaluation, or placement of disabled students or the provision of FAPE under Section 504 will follow procedures set forth in Administrative Regulation JB-R(1).
- Students alleging discrimination relating to the identification, evaluation, or placement of disabled students under the Individuals with Disability Education Act (IDEA) or the provision of FAPE will follow procedures set forth in Administrative Regulation JFA-R.
- Students alleging harassment and bullying on the basis of race, color, national origin, religion, sex (including gender identity, sexual orientation, marital status, or pregnancy), or disability will follow procedures set forth in Administrative Regulation JFD-R.

I. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

II. What is the basis of the discrimination? (race, color, national origin, religion, sex [including gender identity, sexual orientation, marital status, or pregnancy], or disability) \_\_\_\_\_

III. Where did this action or event take place? \_\_\_\_\_

When did it occur? (date and approx. time) \_\_\_\_\_

Who was involved? \_\_\_\_\_

\_\_\_\_\_

Who may have witnessed this action or event? \_\_\_\_\_

\_\_\_\_\_

Did you speak with anyone about this after the action or event? \_\_\_\_\_

Has this happened before? If so, when, where, who was involved, and who may have witnessed it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain in your own words the description of the action or the event that you believe is discriminatory. Please be as specific as possible, as the information that you provide will assist us in the investigation of this report. (Please attach an additional sheet if required.)

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IV. Please explain in your own words how this action or event has affected your educational opportunities:

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Please return this completed report form promptly to the building administrator (or, if applicable, the appropriate assistant superintendent.

Student Signature: \_\_\_\_\_

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