

**Newton Public Schools
Discrimination Complaint/Report Form**

Name of Person filling out this complaint/report (can be anonymous): _____

Your contact information/telephone number: _____

Name(s) of Complainant/Reporter School _____ Age _____ Grade/Position _____
If reporter, name of 'victim' School _____ Age _____ Grade/Position _____

Name(s) of Alleged Perpetrator(s) School _____ Age _____ Grade/Position _____

Name(s) of Witness(es) and contact information

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Is this incident discrimination, harassment, or retaliation? (Please circle all that apply.)

Please describe the details of the incident, being as specific as possible. Please use additional space on the back, if necessary.

Give any background information that may help explain how or why the incident occurred.

Signature of Person Filing this Complaint/Report: _____ Date: _____

Form Given to: _____ Position: _____ Date: _____

For Office Use Only