Discrimination Complaint Form

If you believe that you or your child has experienced unlawful discrimination or discriminatory harassment at school based on any protected class, please complete this form and include all details necessary to best describe the incident you or your child has experienced. Once you have completed the form please forward it to the East Valley School District’s Civil Rights Officer: Jane Stencel, 3830 N Sullivan Bldg. 1, Spokane Valley, WA 99216, stencelj@evsd.org, (509) 924-1830.

Complainant Information

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☐ Primary ☐ Primary

I am a: □ Parent □ Student □ Employee □ Other (Specify) ________________

Place of Work/School __________________________________________

Witness Information

List any witnesses who may have seen or who may know something about the alleged discrimination/harassment:

__________________________________________________________________

__________________________________________________________________

Are you aware of others who may be subject to harassment or discrimination by the individual against whom this complaint is made? □ Yes □ No

If so, who? _________________________________________________________

Incident Information

Name of Person Conducting Alleged Discrimination/Harassment ________________________________

Title of Person Conducting Alleged Discrimination/Harassment ________________________________

WHEN did the alleged incident(s) occur? __________________________________________________

WHERE did the alleged incident(s) occur? __________________________________________________

Please continue on the reverse side
Identify the specific behavior, comment or conduct that led you to believe you or your child was discriminated against or harassed. Include dates, times, places, witnesses (names, addresses, phone numbers) and other specific information in relation to the incident(s). Also include such things as whether any force was used, as well as what, if any, verbal or non-verbal gestures were made (i.e. threats, requests, demands, etc.). You may use additional sheets if necessary.

Certification

I hereby certify that the information in this complaint is true, correct and complete to the best of my knowledge.

Complainant’s Signature ___________________________ Date Filed ________________

Received By ___________________________ Date Received ________________