

Tacoma Public Schools
Discrimination Complaint Form

Regulation 5265R

- Sex Race Age Disability
 Harassment, Intimidation & Bullying (H-I-B) Sexual Harassment (S/H)
 Boundary Invasion Other: _____

Complainant Name: _____ Date: _____

Address / Location: _____
City/Zip Code/Building/Department

Telephone (Home/Work/Cell): _____

- Student Employee Parent/Guardian Other: _____

Name of perpetrator: _____ School / Position: _____

Complaint:

Resolution requested:

List witnesses or others involved in the complaint (Please list contact information for each, if known.):

Signature of complainant

Date

Date received: _____

Received by: _____

See also: Nondiscrimination Policy 5265, Sexual Harassment Policy 5266,
Prohibition of Harassment, Intimidation & Bullying Policy 5207 & Regulation 5207R

Return completed form to: Equity & Diversity, CAB-4th Flr.

Rev. 12/12/11