



District Offices at Marion High School
750 W. 26th St., Marion, IN 46953
ph: 662-2546

DISCRIMINATION COMPLAINT FORM

Marion Community Schools

- A. Insures an equal education and non-discriminatory school/work environment regardless of your sex, which includes freedom from sexual harassment.
- B. Insures an equal education and non-discriminatory school/work environment regardless of your race, national origin, age, ethnicity, religion or language.
- C. Offers special accommodations if you have a physical or mental impairment which substantially limits your opportunity to benefit from your education or perform your job.

If you believe that discrimination has occurred please complete, sign, and submit this form to your school's principal.

_____	_____	Complainant is:	<input type="checkbox"/> Student
Date	Name of complainant		<input type="checkbox"/> Student's parent
			<input type="checkbox"/> Employee
			<input type="checkbox"/> Other
	_____	_____	
	Address	City, State, ZIP	

	Phone number		

Describe the alleged violation in specific terms. Attach additional pages if needed. Include 1) the specific incident or activity that is viewed as discrimination; 2) the individuals involved; 3) dates, times, and locations involved; and 4) the status or disability that forms the basis of the discrimination complaint.

Describe any communication that has already occurred with respect to the incident. Attach additional pages if needed. Specify the type of communication, dates of communication, and names of individuals involved.

Describe how you propose to resolve this issue. Attach additional pages if needed.