

**DISPOSITION OF COMPLAINT FORM**

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

Date of initial complaint: \_\_\_\_\_

Name of Complainant  
(include whether the  
Complainant is a student  
or employee): \_\_\_\_\_  
\_\_\_\_\_

Date and place of alleged  
incident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Respondent  
(include whether the  
Respondent is a student or  
employee): \_\_\_\_\_  
\_\_\_\_\_

Nature of discrimination, harassment, or bullying alleged (check all that apply):

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Physical/Mental Ability	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Gender Identity	<input type="checkbox"/>	Political Party Preference	<input type="checkbox"/>	Other – Please Specify:
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Race/Color		
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>	Religion/Creed		

Summary of Investigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree that all of the information on this form is accurate and true to the best of my knowledge.

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

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

**Adopted:** 08/13/2007  
**Reviewed:** 11/12/2007; 03/12/2012; 10/26/2020  
**Revised:** 12/10/2007; 04/09/2012; 10/26/2020