WESTBROOK PUBLIC SCHOOLS
Westbrook, Connecticut

DISCRIMINATION COMPLAINT FORM
(For Complaints Based on Race, Color, Religion, Age, Sex, Marital Status, Sexual Orientation, National Origin, Ancestry, or Disability)

Name of complainant _____

Date of complaint _____

Date of alleged discrimination/harassment _____

Name or names of the discriminator(s) or harasser(s) _____

_____

Location where such discrimination/harassment occurred _____

_____

Name(s) of any witness(es) to the discrimination/harassment _____

Detailed statement of the circumstances constituting the alleged discrimination or harassment

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