

DE SOTO AREA SCHOOL DISTRICT

511-Exhibit (1)

DISCRIMINATION COMPLAINT STATEMENT FORM

This form should be used after discussing the basis of the complaint with an administrator.

Name of Person Filing Statement: _____

___ Complainant ___ Charged Party ___ Witness ___ Other

Please state specifically what happened. Include what happened, when it happened (date(s) and time(s)), how often it happened, where it happened, who did it and who witnessed it.

(Use reverse side and attach additional information if necessary.)

MY SIGNATURE BELOW CERTIFIES the information provided in this statement and attached information is true and accurate to the best of my knowledge.

Date: _____ Signature: _____

FOR OFFICE USE ONLY

Received by

Date

APPROVED: April 14, 2008
