

**Board Policy Manual
Dallas Center-Grimes Community
School District**

Exhibit 102-E(4): Equal Educational Opportunity - Discrimination Complaint Form

Status: ADOPTED

Original Adopted Date: 09/01/2020 | **Last Revised Date:** 06/10/2025 | **Last Reviewed Date:** 06/10/2025

See PDF on the next page.

DISCRIMINATION COMPLAINT FORM

Date of Complaint: _____

Name of Complainant: _____

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else):

Who or what entity do you believe discriminated against you (or someone else)?

Date and place of alleged incident(s):

Names of any witnesses (if any):

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

Age	Sex		
Disability	Sexual Orientation		
Race/Color	Socio-economic Background		
Religion/Creed			
Marital Status			
National Origin/Ethnic Background/Ancestry			

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages if necessary.

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

Signature: _____ Date: _____

Approved: June 2025

Reviewed: June 2025

Revised: June 2025