

**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):

|                          |  |                          |                           |                          |  |
|--------------------------|--|--------------------------|---------------------------|--------------------------|--|
| <input type="checkbox"/> | Age  | <input type="checkbox"/> | Sex                       | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Disability                                 | <input type="checkbox"/> | Sexual Orientation        | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Race/Color                                 | <input type="checkbox"/> | Socio-economic Background | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Religion/Creed                             | <input type="checkbox"/> |                           | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Marital Status                             | <input type="checkbox"/> |                           | <input type="checkbox"/> |  |
| <input type="checkbox"/> | National Origin/Ethnic Background/Ancestry | <input type="checkbox"/> |                           | <input type="checkbox"/> |  |

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.

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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