

Exhibit 102-E(6): Equal Educational Opportunity - Disposition of Complaint Form

Status: ADOPTED

Original Adopted Date: 09/01/2020 | **Last Revised Date:** 10/27/2025 | **Last Reviewed Date:** 10/27/2025

See PDF on the next page.

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):

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