



Discrimination Complaint Form

Purpose: The purpose of the Discrimination Complaint Form is to gather the essential basic facts of the alleged action in order that prompt, equitable solutions of complaints based on race, ethnicity, national origin and religion can be resolved as expediently and appropriately as possible.

Instructions: Individuals alleging discrimination and requesting a review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination.

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Section I: Complainant Information

First name:	Last name:	Middle name:
Address:		
City:	State:	Zip:
Home Telephone:	Work Telephone:	Email Address:

Section II: Person Being Discriminated Against Information

First name:	Last name:	Middle name:
Address:		
City:	State:	Zip:
Home Telephone:	Work Telephone:	Email Address:



Section III: Description of Incident

Please Indicate the basics of your complaint:

____ Ethnicity	____ Race
____ National Origin	____ Religion

Please provide General Information concerning your complaint:

Date of Incident	
Time of Incident	
School/Department	
Location of Incident	

Section IV: Description of Incident

Please describe each alleged discriminator act. For each action, please include the date(s), discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, color, national origin, or religion. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Complainant Signature: _____ Date: _____