

## Discrimination Complaint Form

Name of person filing complaint	Date	Activity
Student/Parent <input type="checkbox"/>	Employee <input type="checkbox"/>	Non-employee <input type="checkbox"/> (Job applicant)
Type of discrimination:	<input type="checkbox"/> Race	<input type="checkbox"/> Color
	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion
	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Age

Specific complaint: (Please provide detailed information including names, dates, places, activities, and results of informal discussion.)

Remedy requested:

The complaint form should be mailed or taken to the compliance officer. Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.