

SALT LAKE CITY SCHOOL DISTRICT
G - 19 Form (See Policy and Administrative Procedures)

Title: Discrimination, Harassment, and Retaliation Prohibited
Office of Education Equity/Compliance

Index: G=General Policies

Personal Information:

Name: _____ Telephone: _____

Address: _____

I am (check one) _____ Student _____ Employee _____ Patron

Location of Discrimination or Harassment: _____

Type of Discrimination (check all that apply):

<input type="checkbox"/> Age	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Marital Status
<input type="checkbox"/> National Origin	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Race	<input type="checkbox"/> Religion
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Sexual Harassment	
<input type="checkbox"/> Other (please describe) _____			

Additional Information

Please describe your concern or complaint in detail including the date the problem occurred. You may attach additional pages as necessary. Please include the following information:

- How you or others were treated differently?
- Names and positions of those involved including contact information.
- Names of individuals who witnessed or are aware of the facts relating to this complaint.
- Describe any steps you have taken to address the problem.
- Describe your proposed solution to the problem.
- If your concerns relate to a disability, state the nature of the disability.

I state under criminal penalty of the State of Utah that the foregoing information, including any attached pages, is true and correct.

Signature: _____

Date: _____