

**NONDISCRIMINATION REPORT FORM**

**GENERAL STATEMENT OF POLICY PROHIBITING DISCRIMINATION**

Mountain Home School District No. 193 maintains a firm policy against all forms of discrimination based upon race, color, creed, national origin, sex, sexual orientation, religion, age, ancestry, marital status, military status, citizenship status, pregnancy, financial status, membership in any professional organization, use of lawful products while not at work, physical or mental handicap or disability, if otherwise able to perform the essential functions of the job with reasonable accommodations, and other legally protected categories. All persons are to be treated with respect and dignity. Discrimination by any person, which creates an unwelcome, intimidating, hostile, or offensive environment, will not be tolerated under any circumstances.

Complainant \_\_\_\_\_

Home Address \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Alleged Incident(s) \_\_\_\_\_

Name of person you believe discriminated against you: \_\_\_\_\_

List any witnesses that were present: \_\_\_\_\_

Where did the incident(s) occur? \_\_\_\_\_

Did you confront the person and advise him/her of the unwelcome behavior? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Date you confronted person? \_\_\_\_\_

Describe the incident(s) as clearly as possible and include any verbal statements or unwelcome behavior.

(Attach additional pages, if necessary.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This complaint is filed based on my honest belief that I have been discriminated against by:

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I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

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(Complainant Signature) (Date)

Received by \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Adopted:** November 8, 2004  
**Reviewed:** February 20, 2018

**Revised:** November 17, 2009

**Revised:** January 20, 2015