

**Sarasota County School Board
Student Discrimination Complaint Form**

The School Board seeks to provide an educational environment free of discrimination and harassment on the basis of race, color, religion, sex, national origin, disability, marital status, or sexual orientation.

This form shall be completed by the Complainant and presented in accordance with the Policy Against Discrimination for Students. A copy should be retained by the Complainant.

Name of Complainant _____ *Phone* _____
(print or type)

Address _____

Level and Date of Complaint: **I** _____ / _____
(Name of Cost Center Head) (Date)

II _____ / _____ **III** _____ / _____
(Name of Associate Superintendent) (Date) (Name of Equity Coordinator) (Date)
(of Instructional Support Services)

Alleged Basis of Discrimination:

Race _____ **Color** _____ **Religion** _____ **Sex** _____ **National Origin** _____ **Age** _____
Disability _____ **Marital Status** _____ **Sexual Orientation** _____

Provide a thorough description of events including names of witnesses (use attachment if necessary):

Remedy Sought:

I attest that the above information is true and correct to the best of my knowledge.

Complainant Signature

Date