



**WALTON COUNTY SCHOOL DISTRICT
DISCRIMINATION COMPLAINT FORM
WCSB Policy 2.70 or 2.71**

Complainant _____ Alleged Victim (if different) _____

Complainant Contact Information

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____ Email _____

Dates of Alleged Incident(s) _____

Alleged Bases of Discrimination : ☐ Race ☐ Color ☐ Religion ☐ Gender ☐ Age ☐ Ethnicity
☐ National/Ethnic Origin ☐ Marital Status ☐ Pregnancy
☐ Sexual Orientation ☐ Disability/Handicap ☐ Political Beliefs
☐ Religious Beliefs ☐ Genetic Information ☐ Retaliation ☐ Sexual Harassment
☐ Other (Specify) _____

Name of the person(s) you believe discriminated against the alleged victim: _____

Describe the relationship between the alleged victim and the alleged perpetrator(s) named above: _____

Describe the alleged incident(s) and provide as much detail as possible. Attach additional pages as necessary.

When and where did the alleged incident(s) occur? _____

List any witnesses who were present: _____

The complaint is based upon my honest belief that _____ has discriminated against the alleged victim. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

(Complainant's Signature) (Date)

(Received By) (Date)

The Walton County School Board does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, disability, political or religious beliefs, genetic information or any other basis prohibited by law in its educational programs, services or activities or in its hiring or employment practices. Retaliation against an employee for engaging in a protected activity is prohibited.