

**Woodland Park School District
Formal Complaint Form**

This form may be completed by any member of the Woodland Park School District community who has experienced or otherwise become aware of an incident that may constitute a violation of policy AC – Nondiscrimination/Equal Opportunity and AC-R-1. Please complete the form to the best of your ability.

Today's Date: _____

Name: _____

WPSD Rep.: _____

Phone Number: _____

E-mail: _____

Preferred Method of Contact: Phone E-mail Text Message Other: _____

WPSD Affiliation: Student Parent/Guardian Staff Alumni Guest

Incident Date: _____

Incident Time: _____

Incident Location:

- Campus Building
- Campus Outdoors
- Organization House
- Off Campus
- WPSD** Sponsored Event

Type of Incident:

- Discrimination
- Harassment
- Violence
- Retaliation

Protected Class(es) Basis for Report:

- Sex
- Gender
- Gender Identity
- Gender Expression
- Sexual Orientation
- Pregnancy/Parenting
- Race
- Color
- Religion
- Veteran Status
- Disability
- Age
- Genetic Information
- Marital Status
- National Origin

Specific Location: _____

Respondent: _____

Building : _____

WPSD Affiliation: Student Staff Alumni Guest Other _____

Phone Number: _____

E-mail: _____

Social Media Accounts: Facebook Twitter Instagram Snapchat Tik Tok YouTube Other

Witness 1: _____

Building: _____

WPSD Affiliation: Student Parent/Guardian Staff Alumni Guest

Phone Number: _____

E-mail: _____

Witness 2: _____

Building: _____

WPSD Affiliation: Student Parent/Guardian Staff Alumni Guest

Phone Number: _____

E-mail: _____

Witness 3: _____

Building: _____

WPSD Affiliation: Student Parent/Guardian Staff Alumni Guest

Phone Number: _____

E-mail: _____

Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Supportive Measures Requested:

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> | <input type="checkbox"/> Assistance Reporting to Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty Notification | <input type="checkbox"/> Facility Access Plan | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> Campus Police Escort | <input type="checkbox"/> Academic Withdrawal (full) | _____ |
| <input type="checkbox"/> Off-Campus Counseling | <input type="checkbox"/> On-Campus Medical Care | <input type="checkbox"/> Legal Support Information | _____ |
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Off-Campus Medical Care | <input type="checkbox"/> Visa/Immigration Information | _____ |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Victim Advocate Outreach | | |

Accommodations:

- I request an interpreter Language: _____
- I request accommodation(s) for a qualified disability I do not request accommodation(s) for a qualified disability

-
- Resolution Requested:** No Action Informal Resolution Formal Resolution (Investigation and Hearing)

Signature: _____ **Date:** _____

Received By: _____ **Date:** _____