

Anti-Discrimination & Civil Rights Investigation Form

Washington County School District Policy 1710 - FORM 555

Name of Grievant/Complainant:		Investigator:	Date and Time of Interview:
Location of Concern or Incident:		Subject:	
Names of Parties Involved:			
Date the alleged violation occurred:	Date the complainant became aware of violation:	If violation was repeated, list date(s) of other violations:	
Describe, in detail, the action or practice complained of:			
List names of any witnesses to the alleged violation:			
Provide any other information that may help resolve the complaint:			

Identify the Complainant's requested remedy:

I certify that the above information is true and accurate to the best of my knowledge and that this document contains a complete description of the alleged discrimination incident or complaint.

Signature of Investigator

Date

Signature of Complainant

Date:

Names of others present during the interview:

Investigation findings: