

Student Discrimination/Harassment Reporting Form

Mail or Deliver this form to:

Chief Student Services Officer
Muscogee County School District
2960 Macon Road
Columbus, Georgia 31906
(706) 748-3336 or Fax (706) 748-2236

Student Information:

Student's ID: _____

Name: _____
(last) (first)
(m.i)

Home Address: _____

Age: _____ Date of Birth: _____ Telephone No.: _____

School: _____ Grade: _____ Homeroom/Classroom: _____

Name of Parent/Guardian: _____ Daytime Telephone No: _____

Type of Discrimination: (Please Check)

Race Sex Age Disability Religion National Origin Gender

Other: _____

Statement of Grievance

Identify the harassment/discrimination that you allege has occurred. Be complete, and use full names/titles, dates, exact location(s), and specific occurrence(s), if appropriate.

Date(s) discrimination occurred: _____ *Earliest:* _____ *Latest:* _____

What results are you seeking by filing this complaint?

Use additional sheet(s), if necessary.

Have you filed this complaint with any other governmental agency?

Yes No If yes, please specify:

Signature: _____ Date: _____

Student Discrimination/Harassment Appeal Form

Mail or Deliver this form to:

Superintendent of Education
Muscogee County School District
2960 Macon Road
Columbus, Georgia 31906
(706) 748-3336 or Fax (706) 748-2236

Grievant Information:

Name: _____
(last) (first)

(m.i)

Home Address: _____

Home Telephone No.: _____ Work Telephone No.: _____

Name of Parent/Guardian (applies to student grievant only): _____

Name of Parent/Guardian Daytime Telephone No: _____

Statement of Appeal:

Briefly state your reason(s) for submitting this appeal.

What results are you seeking by filing this complaint?

Use additional sheet(s), if necessary.

Have you filed this complaint with any other governmental agency?

Yes No If yes, please specify:

Signature: _____ Date: _____