

Rocky Mountain Risk Insurance Group/Rocky Mountain Risk

POLICY NO. G-3.1

EQUAL OPPORTUNITY/DISCRIMINATION COMPLAINT FORM

Date: _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

Summary of alleged discrimination:

Name(s) of individual(s) committing alleged discrimination:

Date(s) alleged discrimination occurred: _____

Name(s) of witness(es) to alleged discrimination: _____

If others are affected by the possible discrimination, please give their names: _____

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken about the alleged discrimination. You may also provide other information relevant to this complaint.

Signature of complainant

Date

Signature of person receiving complaint

Date