

**SUMMIT PUBLIC SCHOOLS WASHINGTON**  
**DISCRIMINATION COMPLAINT FORM**

School/Office of Alleged Violation: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name/MI: \_\_\_\_\_  
Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address/Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**For allegation(s) regarding curriculum development or instructional materials, please check the program or activity referred to in your complaint, if applicable:**

- |  |  |
|--|--|
| <input type="checkbox"/> Math                  | <input type="checkbox"/> Expeditions   |
| <input type="checkbox"/> English Language Arts | <input type="checkbox"/> Mentoring     |
| <input type="checkbox"/> Science               | <input type="checkbox"/> Support Block |
| <input type="checkbox"/> Social Studies        | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Special Education     |  |

**For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:**

- |  |   |
|--|---|
| <input type="checkbox"/> Age                         | <input type="checkbox"/> Disability (Mental or Physical)  |
| <input type="checkbox"/> Color                       | <input type="checkbox"/> Gender / Gender Expression /   |
| <input type="checkbox"/> Ethnic Group Identification | <input type="checkbox"/> Genetic Information  |
| <input type="checkbox"/> Gender Identity             | <input type="checkbox"/> Race or Ethnicity  |
| <input type="checkbox"/> National Origin/Ancestry    | <input type="checkbox"/> Sex (Actual or Perceived)  |
| <input type="checkbox"/> Religion                    | <input type="checkbox"/> Association with a person or group with one or more of these actual or perceived characteristics |
| <input type="checkbox"/> Sexual Orientation          |   |
| <input type="checkbox"/> Other                       |   |

**Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.**

**Have you discussed your complaint or brought your complaint to any Charter School personnel?**

**If you have, to whom did you take the complaint, and what was the result?**

**Please provide copies of any written documents that may be relevant or supportive of your complaint.**

**I have attached supporting documents.**

Yes

No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail or email complaint and any relevant documents to your school's Executive Director, or, for complaints against Home Office employees, to [hr@summitps.org](mailto:hr@summitps.org).

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ by: \_\_\_\_\_

\_\_\_\_\_ Informal Complaint

\_\_\_\_\_ Formal Complaint

\_\_\_\_\_ Not Resolved

Date of Informal Resolution \_\_\_\_\_

Date of Formal Resolution \_\_\_\_\_