



**Washoe County School District
Student Complaint Form
Based On Bullying, Harassment and/or Discrimination**



The Washoe County School District is committed to nondiscrimination on the basis of race, color, national origin or ethnic group identification, marital status, ancestry, sex, sexual orientation, gender identity or expression, genetic information, religion, age, mental or physical disability, military or veteran's status in educational programs or activities, and employment as required by applicable federal and state laws and regulations.

Name of parent/guardian/member of the public Home Phone Work Phone

Name of your child/student (if applicable) School

Address City Zip

This complaint alleges that:

Bullying/Cyber-Bullying Harassment Discrimination
 Intimidation Retaliation

on the basis of:

race, color or national origin religious preference disability
 sex, gender, sexual orientation, gender identity/expression age

occurred on (date) ____/____/____ .

Statement of concern: (Please attach additional information as necessary)

Please list/indicate what steps you have already taken to resolve your concern.

I talked with the teacher/employee	yes	no	n/a	date
I talked/met with the principal/supervisor	yes	no	n/a	date

Desired resolution:

Signature of parent/guardian/member of public

Date:

Please submit to: WCSD Office of the General Counsel, P.O. Box 30425, Reno, NV 89520,
Ph: 775-348-0300