PROCEDURE: Exhibit 400.2F

DISPOSITION OF COMPLAINT FORM

Date:		-
Date of initial complaint:		
Name of Complainant (include _ whether the Complainant is a student or employee):		
Date and place of alleged _ incident(s):		
Name of Respondent (include _ whether the Respondent is a student or employee): _		
Nature of discrimination, harassm	ent, or bullying alleged (check all tl	nat apply):
Age	Physical Attribute	Sex
Disability	Physical/Mental Ability	Sexual Orientation
Familial Status	Political Belief	Socio-economic Background
Gender Identity	Political Party Preference	Other – Please Specify:
Marital Status	Race/Color	
National Origin/Ethnic Background/Ancestry	Religion/Creed	
Summary of Investigation:		
I agree that all of the information of	on this form is accurate and true to	the best of my knowledge.
Signature:		Date:

Adopted: 09/26/22

Reviewed: Revised: