**BROCKTON PUBLIC SCHOOLS**

**CLAIM OF DISCRIMINATION FORM**

**TO BE COMPLETED BY CLAIMANT(S)**

Name _________________________________________________________________

Home Address _________________________________________________________

Home Telephone ________________________________________________________

Work Address ___________________________________________________________

Work Telephone _________________________________________________________

**BASIS OF CLAIM: [check appropriate item(s)]**

Race ____   Sex ____  Religion ____  Color ____

National Origin ____  Age ____  Disability ____ Other ____

**STATUS: (check one)**

Applicant _____  B.P.S. Employee _____

**NATURE OF CLAIM: (Please explain the nature of your claim of discrimination, giving dates, names and as much factual information as possible. Use the reverse side for further information if necessary)**

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

If others are affected by the possible violation, please give their names and/or positions, if applicable.

_________________________________________________________________________

_________________________________________________________________________

If you wish, please describe any corrective action you would like to see taken with regard to the possible violation.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Signature of Claimant ______________

_____________________ Date Claim Filed _______

Claim of Discrimination Case Number __________________________

Signature of Affirmative Action Officer _____________________________

Date Received by Officer ________