

**Exhibit 104.E3 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, harassment, or bullying alleged (check all that 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 on this form is accurate and true to the best of my knowledge.

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