

STUDENT DISCRIMINATION COMPLAINT FORM

Student Name _____ Date _____

Address _____
(Street) (City) (State, Zip)

Telephone _____
(Home) (School or Work Location)

Filing complaint alleging discrimination on the basis of:

Statement of complaint (include type of discrimination charged and the specific incident(s) in which it occurred):

Signature of complainant: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to (Director of Pupil Services) or the immediate supervisor, or their respective secretaries. The employee receiving the complaint will sign and date it. One copy will be returned to the complainant; one copy will be sent to the school or department affected by the complaint; and one copy will be sent to the Director of Pupil Services.

Distribution: 1st copy - Director of Pupil Services
 2nd copy - School/Department
 3rd copy - Complainant

Adopted: 09/28/87
Revised: 04/08/96
 05/08/06
 11/22/10
 01/31/14
 08/28/17
Reviewed: 03/24/14
 11/14/16