

NONDISCRIMINATION ON THE BASIS OF SEX OR HANDICAP

Building Level Complaint Form

Check (X) area of Complaint:

Chapter I Activities in Reading and Mathematics

Section 504 Handicapped

Title VII Civil Rights

Title IX Sex Discrimination

Name of Complainant: _____ Address:

Telephone:

Date that violation or alleged violation occurred:

School:

Complaint:

(Please write a brief statement of the complaint, which must be on the area checked above)

If the complaint is being filed by a representative of the complainant, please sign here:

Complainant's Signature:

Disposition by Building Administrator:

Adopted: November 11, 1985

Reviewed: March 11, 1996
Reviewed: March 20, 2000
Reviewed: May 16, 2011

Revised: Jan. 22, 2013

District Level Complaint Form

Area of Complaint Administrator's Name Office Telephone No.

Chapter I Activities

Title VII Civil Rights

Section 504 Handicapped

Title IX Sex Discrimination

Date Received: _____

Hearing Scheduled Date:

Persons Attending:

Disposition by District Complaint Officer:

Adopted: November 11, 1985

Reviewed: March 11, 1996

Revised: Jan. 22, 2013

Reviewed: March 20, 2000

Reviewed: November 21, 2005

Reviewed: May 16, 2011