

**INVESTIGATION REPORT ON THE ADMINISTRATION  
OF FEDERAL PROGRAM ACTIVITIES**

|                       |                               |                         |
|-----------------------|-------------------------------|-------------------------|
| <b>1. Complainant</b> |                               | C. Date complaint filed |
| A. Name and Title     | B. Address (include ZIP code) |                         |

D. Description of alleged violation(s)

E. From the list below, identify (check) the areas in which the complainant indicates violations of Title I regulations

- |  |   |  |
|--|---|--|
| § A. Selection of attendance areas     | § G. Services provided private school children  | § K. Coordination of resources with other programs           |
| § B. Needs assessment                  | § H. Evaluation of Title I projects   | § L. Dissemination of public information on Title I programs |
| § C. Selection of Title I participants | § I. Services to children living in institutions for neglected or delinquent children | § M. Reporting requirements                                  |
| § D. General aid                       | § J. Effect of Title I program on cultural or racial isolation                        | § N. Comparability   |
| § E. Supplanting state and local funds |   | § O. Other (specify)   |
| § F. Involvement of parents            |   |  |

FOR EACH AREA CHECKED, PROVIDE A DETAILED STATEMENT OF THE ESSENTIAL FACTS CONCERNING THE NATURE AND EXTENT OF THE VIOLATIONS. (If necessary, continue on attachments.)

\_\_\_\_\_  
Signature of Complainant

|                                      |                                  |   |                |
|--------------------------------------|----------------------------------|---|----------------|
| <b>2. School District</b>            |                                  | C. Total LEA Title I allocation                           | D. Fiscal Year |
| A. Name                              |                                  |   |                |
| B. Address (include ZIP code)        |                                  | E. Name of Title I project coordinator at school district |                |
| F. Superintendent of school district | G. Population of school district |   |                |

|   |  |   |     |      |
|---|--|---|-----|------|
| <b>3. Review Team</b>   |  | B. Date of Investigation (beginning and ending) |     |      |
| A. Name and address of local officials conducting this investigation  |  | BEGINNING                                       |     |      |
|   |  | Mo.   | Day | Year |
|   |  | ENDING  |     |      |
|   |  | Mo.   | Day | Year |
| C. Identify all Title I documents reviewed (i.e., application proposal, evaluation reports, parental council records, fiscal control and accounting records, financial and audit reports, etc.) |  |   |     |      |
| D. Indicate action taken to insure proper resolution of the complaint and of any deficiencies noted during the investigation (if necessary, continue on attachments)                            |  |   |     |      |
| E. Describe corrective action, if any (if necessary, continue on attachments)   |  |   |     |      |

|   |                             |                  |           |               |
|---|-----------------------------|------------------|-----------|---------------|
| Type or print name of superintendent    | Signature of superintendent |                  |           | Date Signed   |
| Name of person who prepared this report | Area Code                   | Telephone Number | Extension | Date Prepared |