## KLEIN INDEPENDENT SCHOOL DISTRICT

## REQUEST FOR APPEAL REGARDING DISCRIMINATION COMPLAINT

A complainant who is not satisfied with the resolution of a complaint of alleged discrimination in violation of Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act, Title IX of the Education Amendments of 1972 (Title IX), or the Age Discrimination Act of 1975 (Age Act) may file an appeal as provided below.

Check applicable box:

	Appeal to Superintendent or Designee: Date of Coordinator's decision  A complainant may appeal a Coordinator's decision regarding a discrimination complaint to the Superintendent or designee. The request must be filed within ten business days following receipt of a response from the Coordinator or, if no response is received, within ten business days of the response deadline.							
	If the outcome of time for a respor must be filed wit	rtial Hearing Officer: Date of Superintendent or Designee's decision  of the conference with the Superintendent or designee is not to the complainant's satisfaction or if the onse has expired, the complainant may request an appeal to an impartial hearing officer. The requestithin ten business days following receipt of a response from the Superintendent or designee or, if needed, within ten business days of the response deadline.						
I	COMPLAINANT INFORMATION							
	Name	Last Name	First Name		Middle Name			
	Address	Number and Street	1	City		State	Zip	
	Phone	Home Phone ( )	l v	Vork Phone (	)	~	r	
	Job Title / Grade  Office / School							
	□ Employee	COMPLAINANT STATUS (Check Applicable Box)  Student						
	□ Employee				- 4 W71			
		COMPLAINT SUMMARY (Identify: Who, What, When, and Where)						
(Additional pages may be submitted)								
							<del></del>	
(Additional pages may be submitted)								
	Statement: The information provided above is truthful and correct to the best of my knowledge.							
Statement. The information provided above is tradital and correct to the best of my knowledge.								
						/	/	
Complainant's Signature Date								
		<u> </u>						

The completed form along with any supporting documentation should be submitted to:

Superintendent's Office 7200 Spring-Cypress Road Klein, Texas 77379

Phone: 832-249-4171

Email: bmcglasson@kleinisd.net