UNIFORM COMPLAINT FORM

Form to be used regarding complaints of discrimination and/or failure to comply with state or federal law regarding adult education, consolidated categorical programs, migrant education, vocational education, child care and development programs, child nutrition programs and special education programs.

Today’s Date: __________________________

Check Type(s) of Discrimination Alleged:  Age ____  Physical or mental Disability ____,  National Origin ____  Race/Ethnicity ____  Religion ____  Gender Identity ____  Sexual (actual or perceived) ____  Sexual Orientation (actual or perceived) ____.

Name of person filing complaint: ________________________________________________

Address: _____________________________________________________________________
____________________________________________________________________________

Phone Number/Cell Number: ___________________________________________________

Email Address: ________________________________________________________________

Person(s) Against Whom Complaint is filed: ______________________________________
____________________________________________________________________________

Date and Time of Incident (if applicable):_________________________________________

Description of Complaint: (Please use back side of form if necessary.)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Proposed Resolution(s): _______________________________________________________
____________________________________________________________________________
____________________________________________________________________________

For Office Use Only

Date Received:  _________________  Date of Employee Conference:  _________________

Date of Response to Complainant: _________________

Revised:  05/07/07 (Renumbered replacing 1502A – English)