

# Civil Rights Complaint Form

Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

1. What happened to you? Please include date, location and any supporting documentation that would help show what happened.

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2. Who do you believe discriminated against you? List name(s).

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3. Name(s) of witness(es) to alleged prohibited conduct if applicable:

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4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. I believe I was discriminated against based on my:

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5. How would you like to see this complaint resolved?

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Complete form and submit to Dr. Lisa Bramuchi within 180 days of the alleged discriminatory action. Forms can be submitted via email to [lbramuchi@cleveland.k12.ms.us](mailto:lbramuchi@cleveland.k12.ms.us) or through US mail to:

Cleveland School District  
Attn: Dr. Bramuchi  
305 Merritt Drive  
Cleveland, MS 38732

This institution is an equal opportunity provider.