

## District – Level Complaint Form

Date \_\_\_\_\_

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

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

Home Address: -----

Current Phone Number; \_\_\_\_\_

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

Please attach the following information:

- a brief description of the alleged discrimination or civil rights violation including the date, place, and time.
- names of any Respondents accused of discrimination (if known).
- a brief description of the communication that has already occurred to address the issue; and
- any other relevant information.

The Complainant may also include a statement of requested relief or corrective action.

Please submit this to 504 Compliance Officer:

Midori Clough, District 504 Coordinator

Federal Programs

Freeport Center West, Building F2

Clearfield, UT 84015

(801)402-5180