

No. _____

TITLE VI/VII/IX INTERNAL COMPLAINT FORM

NAME OF COMPLAINANT

TELEPHONE NUMBER

ADDRESS

RELATIONSHIP TO THE SCHOOL DISTRICT:

____ STUDENT

____ EMPLOYEE

____ TEACHER

____ OTHER _____ (POSITION)

____ OTHER _____ (DESCRIBE)

STATEMENT/NATURE OF COMPLAINT (INCLUDING DATE OF ALLEGED DISCRIMINATION):

WHAT ACTION ARE YOU REQUESTING? (i.e. RELIEF SOUGHT):

COMPLAINANT

DATE

DATE RECEIVED BY
DISTRICT'S CIVIL RIGHTS
COORDINATOR

INTERNAL COMPLAINT - STEP 2
APPEAL TO SUPERINTENDENT

DATE RECEIVED BY SUPERINTENDENT'S OFFICE: _____

DATE OF CONFERENCE: _____

DISPOSITION OF COMPLAINT:

SUPERINTENDENT

DATE

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IF YOU WISH TO APPEAL THIS DECISION TO THE BOARD OF EDUCATION, SIGN BELOW AND PRESENT TO THE TREASURER'S OFFICE WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THE SUPERINTENDENT'S DECISION.

COMPLAINANT

DATE

DATE RECEIVED BY
TREASURER'S OFFICE

INTERNAL COMPLAINT - STEP 3
APPEAL TO BOARD OF EDUCATION

DATE RECEIVED BY BOARD OF EDUCATION (i.e. IN TREASURER'S OFFICE): _____

DATE OF MEETING WITH BOARD: _____

DISPOSITION OF ALLEGED COMPLAINT:

PRESIDENT
BOARD OF EDUCATION

DATE

5/21/10