

FORMAL COMPLAINT FORM

INSTRUCTIONS: Individuals alleging a violation of Title IX of the Education Amendments of 1972 ("Title IX"), Title VI of the Civil Rights Act of 1964 ("Title VI"), and/or the Ann Arbor Public Schools Policies 5800 (Anti-Bullying/Cyberbullying) and 5010 (Non-Discrimination) (all of these, collectively, the "Policies") and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination or bullying:

Responsible Administrators (students):

Elementary Schools:	Melita Alston	alston@a2schools.org
Middle & K-8 Schools:	Roberta Heyward	heywardr@a2schools.org
Secondary Schools:	Roberta Heyward	heywardr@a2schools.org
Athletic Programs:	Roberta Heyward	heywardr@a2schools.org
Special Education:	Concetta Lewis	lewisc@a2schools.org

Responsible Administrator (employees):

Employees:	Shonta Langford	langfords@a2schools.org
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1. **Name of Complainant:** _____

Home Address	City/State/Zip	Home Phone
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School/Office: _____ **Grade:** _____

2. **Nature of Grievance:** Please describe the action you believe may be a violation of the policy in question and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

3. **When did the actions described above occur?**

4. **Where did the actions described above occur?**

5. **Are there any witnesses to this matter?** (Please select) **Yes** **No**
If yes, please identify the witnesses:

6. Did you discuss this matter with any of the witnesses identified in Item 5?

(Please select) **Yes** **No**

If yes, please identify:

Person to whom you have spoken: _____ **Date:** _____

Method of communication:

7. Have you spoken to any administrator(s) or other District employee(s) about this matter? (Please select) **Yes** **No**

If yes, please identify:

Person to whom you have spoken: _____ **Date:** _____

Method of communication:

8. Please describe the result of the discussion(s) identified in Item 6:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name

Signature

Date