Exhibit 102-E(4): Equal Educational Opportunity - SECTION 504 STUDENT AND PARENTAL RIGHTS

Status: ADOPTED

Original Adopted Date: 11/12/2018 | **Last Revised Date:** 09/14/2026 | **Last Reviewed Date:** 09/14/2026

See PDF on the next page.

Code No. 102.E4

DISCRIMINATION COMPLAINT FORM

Date of complaint:
Name of Complainant: _____

Are you filling out this form for yourself or someone else (please identify the individual if you are submitting on behalf of someone else): _____

Who or what entity do you believe discriminated against you (or someone else)?

Date and place of alleged incident(s):

Names of any witnesses (if any): _____

Nature of discrimination alleged (check all that apply):

Age	_____		_____	Sex	_____
Disability				Sexual Orientation	
Race/Color				Socioeconomic Background	
Religion/Creed				Other: Please Specify	
Marital Status					
National Origin/Ethnic Background/Ancestry					

In the space below, please describe what happened and why you believe that you or someone else has been discriminated against. Please be as specific as possible and attach additional pages if necessary.

_____
_____
_____
_____
_____
_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____