

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

Internal Office Use Only

DATE RECEIVED BY DISTRICT'S CIVIL RIGHTS COORDINATOR: \_\_\_\_\_

5/4/10  
3/26/13  
6/26/14