

No. \_\_\_\_\_

NONDISCRIMINATION AND EQUAL OPPORTUNITY/ACCESS  
INTERNAL COMPLAINT FORM

\_\_\_\_\_  
NAME OF COMPLAINANT

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

RELATIONSHIP TO THE SCHOOL DISTRICT:

\_\_\_\_\_ 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 COMPLIANCE OFFICER: \_\_\_\_\_