

# Woodridge Local School District

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 CIVIL RIGHTS COORDINATOR: \_\_\_\_\_

12/18/12  
1/13/15