

Woodridge Local School District

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: _____

12/18/12

1/13/15