

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