

No. _____

TITLE VI / VII / IX INTERNAL COMPLAINT FORM

NAME OF COMPLAINANT

TELEPHONE

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: _____