

DISCRIMINATION COMPLAINT FORM

TO: Title IX/504/ADA Coordinator-District Administration-Alternate Coordinator-Site Level Administrator

FROM: Name of Grievant: _____

Address : _____

Telephone #: _____

NATURE OF ALLEGED VIOLATION: _____

NAMES OF PERSONS RESPONSIBLE: _____

REQUESTED ACTION: _____

Date Complaint Filed with Coordinator: _____

Please use reverse of this form or attach additional sheet) if necessary.
(Complaint must be submitted within 30 days of alleged violation.)

If the grievant's complaint is based on contract termination, the grievant shall pursue the complaint in accordance with the termination procedures of this district. Such termination procedures are set forth elsewhere in this policy manual or may be obtained from the office of the superintendent.