

DISCRIMINATION/HARASSMENT COMPLAINT FORM

TO: Title IX/504/ADA Coordinator - Superintendent
Alternate Coordinator – High School Principal

FROM: Name of Grievant
Address/Telephone #

DATE OF ALLEGED VIOLATION:

NATURE OF ALLEGED VIOLATION:

NAMES OF PERSONS RESPONSIBLE:

REQUESTED ACTION:

Date Complaint Filed With Coordinator:

Please use reverse of this form or attach additional sheets if necessary.

(Complaint must be submitted within 30 days of alleged violation.)