



# North Tippah

## SCHOOL DISTRICT

### Office of Civil Rights - Complaint Form

#### Instructions:

Please complete this form if you believe that you have experienced discrimination, harassment, or a violation of civil rights within the North Tippah School District. All information provided will remain confidential to the extent possible. You may attach additional pages if necessary.

#### Section 1: Complainant Information

<b>Full Name:</b>	
<b>Address:</b>	
<b>City, State, ZIP Code:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Relationship to the School District: (e.g., student, parent/guardian, employee, community member)</b>	

#### Section 2: Alleged Victim (if different from Complainant)

<b>Full Name:</b>	
<b>Relationship to Complainant: (e.g., child, student, friend)</b>	
<b>Address (if different from above):</b>	
<b>Phone Number (if different from above):</b>	

#### Section 3: School / Program Information

<b>Name of School/Program:</b>	
<b>Address of School/Program:</b>	
<b>Name(s) of School Staff Involved (if applicable):</b>	



# North Tippah

## SCHOOL DISTRICT

### Section 4: Type of Complaint

Please select all that apply:

- Race/Color
- National Origin
- Sex/Gender (including sexual harassment)
- Disability
- Age
- Religion
- Retaliation
- Other (please specify): \_\_\_\_\_

### Section 5: Details of the Complaint

<b>Date(s) of Alleged Incident(s):</b>	
<b>Location(s) of Alleged Incident(s):</b>	
<b>Describe in detail the incident(s), including what occurred, who was involved, and any witnesses (attach additional pages if needed):</b>	

### Section 6: Evidence

Please describe and attach any evidence you have (e.g., emails, photographs, medical records, or other documentation):

### Section 7: Prior Steps Taken

Have you already reported this issue to any school or district staff?

- Yes
- No

If yes, please provide details (date reported, to whom, and what action was taken):



# North Tippah

## SCHOOL DISTRICT

### Section 8: Desired Outcome

Please explain what outcome or resolution you are seeking:

### Section 9: Signature and Certification

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that this complaint will be investigated in accordance with district policies.

#### Signature of Complainant:

\_\_\_\_\_

Date: \_\_\_\_\_

#### Signature of Parent/Guardian (if Complainant is under 18):

\_\_\_\_\_

Date: \_\_\_\_\_

#### Submit this form to:

Mr. Jarrad Robinson, Ed.S.  
North Tippah School District  
20821 Hwy 15  
Falkner, MS 38629  
jarrad.robinson@ntippah.ms