

No. _____

TITLE VI / VII / IX INTERNAL COMPLAINT FORM

NAME OF COMPLAINANT

TELEPHONE NUMBER

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: _____

INTERNAL COMPLAINT - STEP 2
APPEAL TO SUPERINTENDENT

DATE RECEIVED BY SUPERINTENDENT'S OFFICE: _____

DATE OF INFORMAL HEARING (if applicable): _____

DISPOSITION OF COMPLAINT:

SUPERINTENDENT

DATE

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IF YOU WISH TO APPEAL THIS DECISION TO THE BOARD OF EDUCATION, SIGN BELOW AND PRESENT TO THE TREASURER'S OFFICE WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THE SUPERINTENDENT'S DECISION.

COMPLAINANT

DATE

Internal Office Use Only

DATE RECEIVED BY TREASURER'S OFFICE: _____

INTERNAL COMPLAINT - STEP 3
APPEAL TO BOARD OF EDUCATION

DATE RECEIVED BY BOARD OF EDUCATION (i.e. IN TREASURER'S OFFICE): _____

DATE OF MEETING WITH BOARD: _____

DISPOSITION OF ALLEGED COMPLAINT:

PRESIDENT
BOARD OF EDUCATION

DATE

11/19/12

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