



TITLE VI / VII / IX INTERNAL COMPLAINT FORM

NAME OF COMPLAINANT

TELEPHONE NUMBER

ADDRESS

RELATIONSHIP TO SCHOOL DISTRICT:

\_\_\_\_ STUDENT

\_\_\_\_ EMPLOYEE

\_\_\_\_ TEACHER

\_\_\_\_ OTHER \_\_\_\_\_ (POSITION)

\_\_\_\_ OTHER \_\_\_\_\_ (DESCRIBE)

STATEMENT / NATURE OF COMPLAINT (INCLUDING DATE OF ALLEGED DISCRIMINATION):

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WHAT ACTION ARE YOU REQUESTING? (i.e. RELIEF SOUGHT):

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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 ALLEGED COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT DATE

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IF YOU WISH TO APPEAL THIS DECISION TO THE BOARD OF EDUCATION, SIGN BELOW AND DELIVER 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:

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\_\_\_\_\_  
PRESIDENT  
BOARD OF EDUCATION

\_\_\_\_\_  
DATE