

EDUCATIONAL PROGRAMS

600 Series

Non-Discrimination on the Basis of Sex or Handicap

Code No. 603.4-E

Building Level Complaint Form

Check (✓) area of Complaint

_____ Title I Activities in Reading
and Mathematics

_____ Section 504 Handicapped

_____ Title VII Civil Rights

_____ Title IX Sex Discrimination

Name of Complainant: _____ Address: _____

Telephone: _____

Date that violation or alleged violation occurred: _____

School: _____

Complaint (*Please write a brief statement of the complaint, which must be on the area checked above*): _____

If the complaint is being filed by a representative of the complainant, please sign here:

Complainant's Signature _____

Disposition by Building Administrator: _____

District Level Complaint Form

<u>Area of Complaint</u>	<u>Administrator's Name</u> <u>Office</u>	<u>Phone</u>
Title I Activities	_____	_____
Title VII Civil Rights	_____	_____
Section 504 Handicapped	_____	_____
Title IX Sex Discrimination	_____	_____

Date Received _____

Persons Attending _____

Disposition by District Complaint Officer: _____
