

**SERIES 100
BOARD OF EDUCATION**

Board Exhibit 112

DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____

Telephone _____
Home _____ School or work location _____

Status of person filing complaint: _____ Student _____ Employee _____ Parent/Guardian
_____ Other _____

Filing complaint alleging discrimination on the basis of _____

Statement of complaint (include type of discrimination charged and the specific incident(s) in which it occurred) and relief sought.

Signature of complainant _____

Date complaint filed _____

Signature of person receiving complaint _____

Date complaint received _____

Submit to the District Administrator. The District Administrator shall sign and date the complaint. One copy shall be returned to the complainant, one copy shall be sent to the school or department affected by the complaint and one copy shall be maintained by the Superintendent.

I have received a copy of the formal complaint procedures.

Signature of complainant _____

Date procedures were received _____

Date of Adoption: March 20, 2002
Date of Revision: November 19, 2008