

**NONDISCRIMINATION & EQUAL OPPORTUNITY/ACCESS
INTERNAL COMPLAINT FORM**

Name of Complainant

Telephone Number

Address

Relationship to the School District:

- 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's Signature

Date

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Date Received by District's Civil Rights Coordinator: _____