

# Board Policy

Code No. 401.1E3

## COMPLIANCE VIOLATION COMPLAINT FORM

Check (x) area of complaint:

- |  |  |
|--|--|
| <input type="checkbox"/> Title I (Reading and/or Math) | <input type="checkbox"/> Racial, Ethnic, Religious |
| <input type="checkbox"/> Sexual Harassment             | <input type="checkbox"/> Physical                  |
| <input type="checkbox"/> Section 504 Handicapped       | <input type="checkbox"/> Verbal                    |

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Illegal Violation: \_\_\_\_\_

Site of Violation: \_\_\_\_\_

Signature of Complainant: \_\_\_\_\_

Nature of Complaint (Please write a brief statement of the complaint, which must be in the area checked above). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Date Received: \_\_\_\_\_

Disposition by Appropriate Officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Appropriate Officer: \_\_\_\_\_

*Reapproved: February 17, 2004  
December 4, 2006  
April 18, 2011*