

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*