

Board Policy

Code No. 600.2E2

EQUAL EDUCATIONAL OPPORTUNITY

District Level Complaint Form

<u>Area of Complaint</u>	<u>Administrator's Name</u>	<u>Office</u>	<u>Phone #</u>
Title I	_____	_____	_____
Title VI Civil Rights	_____	_____	_____
Title VII	_____	_____	_____
Section 504 Handicapped	_____	_____	_____
Title IX Sex Discrimination	_____	_____	_____
Americans with Disabilities Act	_____	_____	_____

Date Received: _____
Hearing Scheduled Date: _____
Persons Attending: _____

Disposition by District Complaint Officer: _____

Signature of District Complainant Officer: _____

*Reapproved: June 21, 2004
July 9, 2007
July 11, 2011*