

No. \_\_\_\_\_

TITLE VI/VII/IX INTERNAL COMPLAINT FORM

\_\_\_\_\_  
NAME OF COMPLAINANT

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
ADDRESS

RELATIONSHIP TO THE SCHOOL CORPORATION:

\_\_\_\_ STUDENT

\_\_\_\_ 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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
CORPORATION'S  
CIVIL RIGHTS  
COORDINATOR

INTERNAL COMPLAINT - STEP 1  
INVESTIGATION/CONFERENCE WITH CIVIL RIGHTS COORDINATOR

A CONFERENCE WAS HELD ON \_\_\_\_\_, AT \_\_\_\_\_  
\_\_\_\_\_ (DATE) \_\_\_\_\_ (TIME)

AND MATTERS PERTAINING TO THE FOLLOWING ALLEGED COMPLAINT WERE DISCUSSED.

BRIEF DESCRIPTION OF ALLEGED COMPLAINT:

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DISPOSITION OF ALLEGED COMPLAINT:

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\_\_\_\_\_  
CORPORATION'S CIVIL RIGHTS COORDINATOR

\_\_\_\_\_  
DATE

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IF YOU WISH TO APPEAL THIS DECISION TO THE SUPERINTENDENT, SIGN BELOW AND DELIVER TO THE SUPERINTENDENT'S OFFICE WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THE CIVIL RIGHTS COORDINATOR'S DECISION.

\_\_\_\_\_  
COMPLAINANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
SUPERINTENDENT'S OFFICE

INTERNAL COMPLAINT - STEP 2  
APPEAL TO SUPERINTENDENT

DATE RECEIVED BY SUPERINTENDENT'S OFFICE: \_\_\_\_\_

DATE OF CONFERENCE: \_\_\_\_\_

DISPOSITION OF COMPLAINT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
DATE

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IF YOU WISH TO APPEAL THIS DECISION TO THE SCHOOL BOARD, SIGN BELOW AND PRESENT TO THE TREASURER'S OFFICE WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THE SUPERINTENDENT'S DECISION.

\_\_\_\_\_  
COMPLAINANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE RECEIVED BY  
TREASURER'S OFFICE

