

Parent / Community Complaint form

Type of Complaint

_____ Civil Rights	_____ Services
_____ Age	_____ Denial
_____ Sex	_____ Exclusion
_____ Race or Color	_____ General Program Operation
_____ National Origin	_____ Disability / Handicap
_____ Religion	

Give Name and address below of staff you believe discriminated against you. If more than one, list all.

Name _____

Title(if known) _____

Street Address _____

City _____ State _____ Zip Code _____

The actual date or the most recent date on which this act of discrimination occurred:

Time of day _____ Month _____ Day _____ Year _____

Explain what unfair thing you believe was done to you:

(Please attach additional page if necessary)

Signature of Complainant

Telephone Number

Address _____

City _____ State _____ Zip _____