

DISCRIMINATION COMPLAINT FORM

Name of Person Filing Complaint *Date* *School or Activity*

Student/Parent ____ Employee ____ Non-employee ____ (Job applicant) Other _____

Type of Discrimination: Race Color Religion
 Sex National Origin Disability
 Marital Status Age Sexual Orientation
 Other _____

Specific Complaint: (Please provide detailed information including names, dates, places, activities, and results of the discussion.)

Who should we talk to and what evidence should we consider? _____

Suggested solution / resolution / outcome: _____

Complainant Signature *Date* *Building Principal Signature* *Date*

The complaint form should be mailed or taken to the building principal.

Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.

Approved: **Kathleen Rodden-Nord** **12/12/2016**
Superintendent *Date*