

**DISCRIMINATION COMPLAINT FORM**

**TO:** Title IX/504/ADA Coordinator - High School Principal  
Alternate Coordinator - Middle School Principal

**FROM:** Name of Grievant \_\_\_\_\_

Address/Telephone # \_\_\_\_\_

**DATE OF ALLEGED VIOLATION:** \_\_\_\_\_

**NATURE OF ALLEGED VIOLATION:**

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

**NAMES OF PERSONS RESPONSIBLE:**

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

**REQUESTED ACTION:**

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

**Date Complaint Filed With Coordinator:** \_\_\_\_\_

Please use reverse of this form or attach additional sheets if necessary.

(Complaint must be submitted within 30 days of alleged violation.)